

The MassHealth Drug List



MassHealth Drug List

The MassHealth Drug List is an alphabetical list of commonly prescribed drugs and therapeutic class tables. The list specifies which drugs need prior authorization when prescribed for MassHealth members. The prior-authorization requirements specified in the list reflect the Division's policy described in the pharmacy regulations and previous provider bulletins, as well as the Division's and the Drug Utilization Review (DUR) Program's review of drugs within certain therapeutic classes. The list also specifies the generic over-the-counter drugs that are payable under MassHealth.

The tables provide a view of drugs within their respective therapeutic classes, along with prior-authorization requirements and clinical information about the drug. The clinical information included in the tables is not intended to be comprehensive prescribing information. Prescribers and pharmacists should review the list and its applicable therapeutic class table when prescribing a drug or filling a prescription for a MassHealth member.

Any drug that does not appear on the list requires prior authorization.

Updates to the List

The updates to the list are effective immediately, unless otherwise specified.

1. New Requirements for Antihistamines

The Division's policy permits a valid prescription written before October 1, 2002, for any antihistamine listed below with new prior-authorization requirements, to be filled or refilled for the life of the prescription without prior authorization. Nevertheless, the Division encourages prescribers to consider switching their MassHealth patients to antihistamines that do not require prior authorization, as soon as possible, when clinically appropriate to do so. The following requirements take effect on October 1, 2002.

Allegra (fexofenadine) – **PA**

Allegra-D (fexofenadine/pseudoephedrine) – **PA**

Clarinex (desloratadine) – **Limit 31 doses/month**

Claritin (loratadine) – **PA**

Claritin-D (loratadine/pseudoephedrine) – **PA**

Optimine (azatadine) – **PA**

Semprex-D (acrivastine/pseudoephedrine) – **PA**

Trinalin Repetabs (azatadine/pseudoephedrine) – **PA**

Zyrtec (cetirizine) tablets – **Limit 31 doses/month**

Zyrtec (cetirizine) syrup – **PA >12 years (except LTC members)**

Zyrtec-D (cetirizine/pseudoephedrine) – **Limit 62 doses/month**

See Table 12, p. 41, for further information about antihistamines.

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

2. Change in PA Status

Desoxyn (methamphetamine). PA is now required.

Dilantin (phenytoin). Effective October 1, 2002, PA is no longer necessary for brand-name Dilantin.

Marinol (dronabinol). Effective October 1, 2002, PA will be required.

Neoral (cyclosporine). PA is no longer necessary for brand-name Neoral.

Ortho-Evra (ethinyl estradiol/norelgestromin). Effective October 1, 2002, PA will be required.

Prilosec (omeprazole). Effective October 1, 2002, Prilosec will require PA for all ages. Prevacid (lansoprazole) capsules and suspension packets are still available without prior authorization for members younger than 16 years. Prevacid suspension packets are available without PA for members in long-term-care facilities. See Table 3, p. 32 for further information.

3. New FDA “A”-Rated Generics

The following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name (for example, Triphasil) is now listed with a # symbol, to indicate that prior authorization is required for the brand.

<u>New FDA “A”-rated Generic Drugs</u>	<u>Generic Equivalent of</u>
Enpresse (levonorgestrel/ethinyl estradiol)	Triphasil #
Portia (levonorgestrel/ethinyl estradiol)	Tri-Levlen #
misoprostol	Cytotec #
prednisolone	Pediapred #
tizanidine	Zanaflex #
tramadol	Ultram #

4. New Prior-Authorization Request Form

Antihistamine Prior Authorization Requestp. 43

5. Update to Gastrointestinal Drugs Therapeutic Class Table

Information on the use of Prevacid (lansoprazole) for NG tube administration has been added to the clinical notes section of the Gastrointestinal Drugs Therapeutic Class Table (see p. 32).

6. New Definition for the # Symbol Used in the MassHealth Drug List

The definition of the # symbol used in the MassHealth Drug List has been modified to include situations where only certain forms of the drug have an FDA “A”-rated equivalent. The new definition appears below, and has been incorporated into the alphabetic list and the applicable therapeutic class tables of the MassHealth Drug List:

This is a brand-name drug with FDA A-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an A-rated generic equivalent.

7. Additions:

- a. The following newly marketed drugs have been added to the MassHealth Drug List.

Geodon (ziprasidone) injection
Zelnorm (tegaserod) – PA (effective 10/01/02)

- b. The following drugs have been added to the MassHealth Drug List. These drugs had inadvertently been omitted from the list, and their addition to the list does not reflect any change in the Division's policy.

Aphthasol 5% (amlexanox)
Foscavir (foscarnet)
Lantus (insulin glargine)

Generic antihistamine/decongestant combinations added to the list:

chlorpheniramine/phenylephrine
chlorpheniramine/pyrilamine/phenylephrine
dexbrompheniramine/pseudoephedrine
diphenhydramine/pseudoephedrine
phenyltoloxamine/pyrilamine/pheniramine/pseudoephedrine
promethazine/phenylephrine
pyrilamine/phenylephrine
tripolidine/pseudoephedrine

8. Deletions:

- a. The following drugs have been deleted from the MassHealth Drug List because there is no rebate agreement with the federal government:
- Dibenzyline (phenoxybenzamine)
 - Dyrenium (triامترن)
 - Valium (diazepam) (Note: Generic diazepam remains on the list.)
- b. The salt form of prednisolone (prednisolone sodium phosphate) has been deleted to be consistent with the convention of listing formulations of a drug separately only when a particular formulation requires prior authorization.
- c. Rondec (carboxamine/pseudoephedrine) has been deleted to be consistent with the convention of listing only generic names of antihistamine/decongestant combinations in the MassHealth Drug List.
- d. Brand-name Rynatan (azatadine/pseudoephedrine) has been deleted from the MassHealth Drug List because it is no longer available from the manufacturer.

Prior-Authorization Status of Drugs

Drugs may require prior authorization for a variety of reasons. The Division determines the prior-authorization status of drugs on the basis of the following:

- MassHealth program requirements; and
- ongoing evaluation of the drugs' utilization, therapeutic efficacy, safety, and cost.

Drugs are evaluated first on safety and effectiveness, and second on cost. Some drugs require prior authorization because the Division and Drug Utilization Review Board have concluded that there are more cost-effective alternatives. With regard to all such drugs, the Division also has concluded that the more costly drugs have no significant clinically meaningful therapeutic advantage in terms of safety, therapeutic efficacy, or clinical outcome compared to those less-costly drugs used to treat the same condition.

Evaluation of a drug includes a thorough review by physicians and pharmacists using medical literature and consulting with specialists, other physicians, or both. References used may include Drug Topics Red Book, Approved Drug Products with Therapeutic Equivalence Evaluations (also known as the "Orange Book"), the Massachusetts List of Interchangeable Drug Products, AHFS Drug Information, Drug Facts and Comparisons, Micromedex, literature from peer-reviewed medical journals, and manufacturers' product information.

List Conventions

The list uses the following conventions:

- Brand-name products are capitalized. Generic products are in lowercase.
- Formulations of a drug (for example, salt forms, sustained release, or syrups) are not specified on the list, unless a particular formulation requires prior authorization.
- Combination products are listed with the individual ingredients separated by a slash mark (/).
- Only the generic names of over-the-counter drugs that are payable under MassHealth appear on the list. The brand names of such drugs are not listed, and therefore require prior authorization.
- Only the generic names of antihistamine/decongestant combinations are listed. The brand names of such combinations are not listed, and therefore require prior authorization.

Drug List on DMA Web Site

The MassHealth Drug List can be found on our Web site at www.mass.gov/dma/providers, along with other information for pharmacies and prescribers.

Future Updates

The Division will update the MassHealth Drug List every month, as needed, and will continue to evaluate the prior-authorization status for drugs in other therapeutic classes. The updates to the list, including new and revised tables and any new prior authorization forms, will be posted on the Division's Web site on the first business day of the month along with a summary of the changes to the list.

The Division does not intend to mail updated copies of the MassHealth Drug List to providers each time the MassHealth Drug List is revised. To sign up for e-mail alerts that will notify you when the MassHealth Drug List has been updated, go to the MassHealth Drug List on the Division's Web site, and follow the instructions.

To get a paper copy of an updated list, submit a written request to the following address or fax number.

MassHealth Publications
P.O. Box 9101
Somerville, MA 02145
Fax: 617-576-4487

Include your MassHealth provider number, address, and a contact name with your request. MassHealth Publications will send you the latest version of the list. You will need to submit another written request each time you want a paper copy.

Questions or Comments

Pharmacists and prescribers who have questions or comments about the MassHealth Drug List may contact the Drug Utilization Review Program at 1-800-745-7318 or may e-mail the MassHealth Pharmacy Program at masshealthdruglist@nt.dma.state.ma.us. The Division does not answer all e-mail inquiries directly, but will use these inquiries to develop frequently asked questions about the MassHealth Drug List for the Division's Web site.

When e-mailing a question or comment to the above e-mail address, please include your name, title, phone number, and fax number. This electronic mailbox should be used only for submitting questions or comments about the MassHealth Drug List. You will receive an automated response that acknowledges receipt of your e-mail. If you do not receive an automated reply, please resubmit your inquiry.

If a member has questions about the MassHealth Drug List, please refer the member to the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for the deaf and hard of hearing).

Therapeutic Class Tables

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Alphabetic List

A

A/B Otic (antipyrene/benzocaine)	Adriamycin # (doxorubicin)
abacavir	Adrucil # (fluorouracil)
abacavir/lamivudine/zidovudine	Advair (fluticasone/salmeterol)
A&D topical *	Advicor (niacin/lovastatin)
antipyrene/benzocaine	Aerobid (flunisolide)
Abelcet (amphotericin B)	Agenerase (amprenavir)
acarbose	Aggrenox (dipyridamole/aspirin)
Accolate (zafirlukast)	Agrylin (anagrelide)
Accuneb (albuterol)	A-Hydrocort # (hydrocortisone)
Accupril (quinapril)	Ak-beta (levobunolol)
Accuretic (quinapril/hydrochlorothiazide)	Akineton (biperiden)
Accutane (isotretinoin) – see Table 10, p. 39	Akne-Mycin (erythromycin)
Accuzyme (papain/urea)	Ak-Pentolate # (cyclopentolate)
acebutolol	Ak-Polybac # (bacitracin/polymyxin B)
Aceon (perindopril)	Ak-Spore HC # (neomycin/polymyxin B/
acetaminophen *	hydrocortisone)
Acetasol # (acetic acid)	Ak-Sulf # (sulfacetamide)
acetazolamide	Aktob # (tobramycin)
acetic acid	Ak-tracin # (bacitracin)
acetohexamide	Ak-Trol # (neomycin/polymyxin B/
acetohydroxamic acid	dexamethasone)
acetylcysteine	Alamast (pemirolast)
Achromycin # (tetracycline)	albendazole
Aciphex (rabeprazole) – PA ; see Table 3, p. 32	Albenza (albendazole)
acitretin – see Table 10, p. 39	Albuminar-25 (albumin)
Aclovate (alclometasone)	albumin
Acova (argatroban) – PA	albuterol
acrivastine/pseudoephedrine – PA (effective 10/01/02) ; see Table 12, p. 41	albuterol/ipratropium
Acthar (corticotropin)	alclometasone
Acticin (permethrin)	Aldactazide # (spironolactone/hydrochlorothiazide)
Actigall # (ursodiol)	Aldactone # (spironolactone)
Actimmune (interferon gamma-1b) – see Table 5, p. 34	Aldara (imiquimod)
Actiq (fentanyl transmucosal system) – PA ; see Table 8, p. 37	Aldoril-25 # (methyldopa/hydrochlorothiazide)
Activella (estradiol/norethindrone)	alendronate
Actonel (risedronate)	Alesse # (ethinyl estradiol/levonorgestrel)
Actos (pioglitazone)	Alferon N (interferon alfa-n3, human leukocyte derived) – see Table 5, p. 34
Acular (ketorolac)	alitretinoin – PA ; see Table 10, p. 39
acyclovir	Alkeran (melphalan)
Adalat # (nifedipine)	Allergen (benzocaine/antipyrene)
adapalene – PA > 25 years ; see Table 10, p. 39	Allegra (fexofenadine) – PA (effective 10/01/02) ; see Table 12, p. 41
Adderall # (amphetamine salts)	Allegra-D (fexofenadine/pseudoephedrine) – PA (effective 10/01/02) ; see Table 12, p. 41
Adoxa (doxycycline)	allopurinol
Adrenalin (epinephrine)	almotriptan
	Alocril (nedocromil)

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Alphabetic List (cont.)

Alomide (iodoxamide)	ampicillin
Alora # (estradiol)	ampicillin/sulbactam
Alphagan (brimonidine)	amprenavir
Alphanate (antihemophilic factor, human)	amylase/lipase/protease
AlphaNine SD(factor IX, human)	Anadrol-50 (oxymetholone)
alprazolam	Anafranil # (clomipramine)
alprostadil – PA ; see Table 6, p. 35	anagrelide
Alrex (loteprednol)	anakinra – PA ; see Table 5, p. 34
Altace (ramipril)	Anaprox # (naproxen) – see Table 11, p. 40
Altinac (tretinoin) – PA > 25 years ; see Table 10, p. 39	Anaspaz # (hyoscyamine)
aluminum carbonate *	anastrozole
aluminum hydroxide *	Ancef # (cefazolin)
aluminum chloride	Ancobon (flucytosine)
Alupent # (metaproterenol)	Androderm (testosterone)
amantadine	Androgel (testosterone)
Amaryl (glimepiride)	Android (methyltestosterone)
Ambien (zolpidem)	Anexsia # (hydrocodone/acetaminophen) – see Table 8, p. 37
Ambisome (amphotericin B)	Anolor-300 (butalbital/acetaminophen/caffeine)
Amerge (naratriptan)	Ansaid # (flurbiprofen) – see Table 11, p. 40
Americaine # (benzocaine)	Antabuse (disulfiram)
A-Methapred # (methylprednisolone)	anthralin
Amicar # (aminocaproic acid)	anti-inhibitor coagulant complex
amcinonide	antihemophilic factor, human
amikacin	antihemophilic factor, recombinant
amiloride	antipyrene/benzocaine
amiloride/hydrochlorothiazide	antithymocyte globulin, equine – see Table 1, p. 30
Amino Acid Cervical (urea/sodium propionate/methionine/cystine/inositol)	antithymocyte globulin, rabbit – see Table 1, p. 30
amino acid & electrolyte IV infusion	Antivert # (meclizine)
aminocaproic acid	Anusol-HC # (hydrocortisone)
Amino-Cerv pH 5.5 (urea/sodium propionate/ methionine/cystine/inositol)	Anzemet (dolasetron)
aminoglutethimide	APF # (sodium fluoride)
aminophylline	apraclonidine
amiodarone	Apri (ethinyl estradiol/desogestrel)
amitriptyline	Aphthasol 5% (amlexanox)
amitriptyline/chlordiazepoxide	Aqua-Mephyton # (phytonadione)
amitriptyline/perphenazine	Aralen Hydrochloride (chloroquine)
amlodipine	Aralen Phosphate # (chloroquine)
amlodipine/benazepril	Aranesp (darbepoetin) – PA ; see Table 4, p. 33
ammonium lactate	Arava (leflunomide)
amoxapine	Aredia # (pamidronate)
Amoxil # (amoxicillin)	argatroban – PA
amoxicillin	Aricept (donepezil)
amoxicillin/clavulanate	Arimidex (anastrozole)
amphetamine salts	Aristocort (triamcinolone)
amphotericin B	Aristocort A # (triamcinolone)
	Aristocort Forte (triamcinolone)

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Alphabetic List (cont.)

Aristospan (triamcinolone)	Aygestin # (norethindrone)
Arixtra (fondaparinux) – limit 11 doses/Rx	Azactam (aztreonam)
Aromasin (exemestane)	azatadine – PA (effective 10/01/02) ; see Table 12, p. 41
Artane # (trihexyphenidyl)	azatadine/pseudoephedrine – PA (effective 10/01/02) ; see Table 12, p. 41
Arthrotec (diclofenac/misoprostol) – PA < 60 years ; see Table 11, p. 40	azathioprine
artificial tears *	azelaic acid
Asacol (mesalamine)	azelastine – see Table 12, p. 41
ascorbic acid *	Azelex (azelaic acid)
aspirin *	azithromycin
aspirin/buffers *	Azmacort (triamcinolone)
Astelin (azelastine) – see Table 12, p. 41	Azopt (brinzolamide)
Astramorph PF (morphine) – see Table 8, p. 37	aztreonam
Atacand (candesartan)	Azulfidine # (sulfasalazine)
Atarax # (hydroxyzine) – see Table 12, p. 41	
atenolol	B
atenolol/chlorthalidone	bacitracin *
atenolol/hydrochlorothiazide	bacitracin/polymyxin B
Atgam (antithymocyte globulin, equine) – see Table 1, p. 30	baclofen – see Table 7, p. 36
Ativan # (lorazepam)	baclofen intrathecal – PA ; see Table 7, p. 36
atorvastatin	Bactrim # (trimethoprim/sulfamethoxazole)
atovaquone	Bactroban (mupirocin)
atovaquone/proguanil	balsalazide
atropine	Banflex (orphenadrine) – see Table 7, p. 36
Atrovent # (ipratropium)	BayHep B (hepatitis B immune globulin, human) – see Table 1, p. 30
Augmentin (amoxicillin/clavulanate)	BayRab (rabies immune globulin IM, human) – see Table 1, p. 30
Auralgan # (antipyine/benzocaine)	BayRho-D Full Dose (Rho(D) immune globulin IM) – see Table 1, p. 30
auranofin	BayRho-D Mini Dose (Rho(D) immune globulin IM, micro-dose) – see Table 1, p. 30
Aurodex (antipyrene/benzocaine)	BayTet (tetanus immune globulin IM, human) – see Table 1, p. 30
Aurolate (gold sodium thiomalate)	BCG vaccine
aurothioglucose	Bebulin VH Immuno (factor IX complex)
Auroto # (antipyrene/benzocaine)	becaplermin
Avalide (irbesartan/hydrochlorothiazide)	beclomethasone
Avandia (rosiglitazone)	Beclovent (beclomethasone)
Avapro (irbesartan)	Beconase (beclomethasone)
AVC # (sulfanilamide)	belladonna/phenobarbital
Avelox (moxifloxacin)	Benadryl # (diphenhydramine) – see Table 12, p. 41
Aventyl # (nortriptyline)	benazepril
Aviane # (ethinyl estradiol/levonorgestrel)	BeneFix (factor IX, recombinant)
Avinza (morphine extended-release) – PA ; see Table 8, p. 37	Benicar (olmesartan)
Avita # (tretinoin) – PA > 25 years ; see Table 10, p. 39	Bentyl # (dicyclomine)
Avonex (interferon beta-1a) – see Table 5, p. 34	
Axert (almotriptan)	
Axic # (nizatidine *) – see Table 3, p. 32	
Axocet # (butalbital/acetaminophen)	

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Alphabetic List (cont.)

Benzaclin (benzoyl peroxide/clindamycin) –	brompheniramine/pseudoephedrine * – see Table 12, p. 41
PA > 25 years	
Benzamycin (benzoyl peroxide/erythromycin) –	budesonide
PA > 25 years	bumetanide
benzocaine	Bumex # (bumetanide)
benzoyl peroxide * – PA > 25 years	Buphenyl (sodium phenylbutyrate)
benzoyl peroxide/clindamycin – PA > 25 years	bupivacaine
benzoyl peroxide/erythromycin – PA > 25 years	Buprenex (buprenorphine)
benzoyl peroxide/hydrocortisone –	buprenorphine
PA > 25 years	bupropion
benzoyl peroxide/sulfur – PA > 25 years	Buspar # (buspirone)
benztropine	buspirone
bepridil	butabarbital
Betagan # (levobunolol)	butalbital
betaine	butalbital/acetaminophen
betamethasone	butalbital/acetaminophen/caffeine
Betapace # (sotalol)	butalbital/acetaminophen/codeine/caffeine
Betaseron (interferon beta 1-b) – see Table 5, p. 34	butalbital/aspirin/caffeine
Beta-Val # (betamethasone)	butalbital/aspirin/codeine/caffeine
betaxolol	butenafine
bethanechol	Butisol (butabarbital)
Betimol (timolol)	butoconazole
bexarotene	butorphanol
Bextra (valdecoxib) – PA < 60 years ; see Table 11, p. 40	C
bicalutamide	cabergoline
Bicitra (sodium citrate/citric acid)	caffeine
bimatoprost	cefazolin
biperiden	Cafcit (caffeine)
bisacodyl *	Cafergot (ergotamine/caffeine)
bismuth subsalicylate *	calamine lotion *
bismuth subsalicylate/tetracycline/metronidazole	Calan # (verapamil)
bisoprolol	Calciferol (ergocalciferol)
bisoprolol/hydrochlorothiazide	Calcijex (calcitriol)
bleomycin	calcium acetate
Bleph-10 # (sulfacetamide)	calcium carbonate *
Blephamide (sulfacetamide/prednisolone)	calcium citrate *
bosentan – PA	calcium glubionate *
Botox (botulinum toxin type A) – PA	calcium gluconate *
botulinum toxin type A – PA	calcium phosphate *
botulinum toxin type B – PA	calcifediol
Brethine # (terbutaline)	calcipotriene
Brevicon (ethinyl estradiol/norethindrone)	calcitonin, human
brimonidine	calcitonin, salmon
brinzolamide	calcitriol
bromocriptine	Calderol (calcifediol)
brompheniramine * – see Table 12, p. 41	Camptosar (irinotecan)
	Cancidas (caspofungin)

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- * The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

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Alphabetic List (cont.)

candesartan	cefixime
Cantil (mepenzolate)	Cefizox (ceftizoxime)
capecitabine	Cefotan (cefotetan)
Capex (fluocinolone)	cefotaxime
Capitrol (chloroxine)	cefotetan
Capoten # (captopril)	cefoxitin
Capozide # (captopril/hydrochlorthiazide)	cefpodoxime
capsaicin *	cefprozil
caspofungin	ceftazidime
captopril	ceftibuten
captopril/hydrochlorthiazide	Ceftin # (cefuroxime)
Carac (fluorouracil)	ceftizoxime
Carafate # (sucralfate)	ceftriaxone
carbamazepine	cefuroxime
carbamide peroxide *	Cefzil (cefprozil)
Carbatrol (carbamazepine)	Celebrex (celecoxib) – PA < 60 years ; see Table 11, p. 40
carbenicillin	celecoxib – PA < 60 years ; see Table 11, p. 40
carbidopa	Celestone (betamethasone)
carbidopa/levodopa	Celexa (citalopram)
carbinoxamine – see Table 12, p. 43	Cellcept (mycophenolate)
carbinoxamine/pseudoephedrine – see Table 12, p. 43	Celontin (methsuximide)
carboplatin	Cenestin (estrogens, conjugated)
Cardene # (nicardipine)	cephalexin
Cardizem # (diltiazem)	Cephulac # (lactulose)
Cardura # (doxazosin)	Cerezyme (imiglucerase)
carisoprodol – see Table 7, p. 36	Cerumenex (triethanolamine)
Carmol (urea)	cevimeline
Carnitor (levocarnitine)	cetirizine syrup – PA > 12 years (except for LTC members) (effective 10/01/02) ; see Table 12, p. 41
carteolol	cetirizine tablets – Limit 31 doses/month (effective 10/01/02) ; see Table 12, p. 41
Cartia (diltiazem)	cetirizine/pseudoephedrine – Limit 62 doses/month (effective 10/01/02) ; see Table 12, p. 41
carvedilol	Chemet (succimer)
casanthranol *	chloral hydrate
Casodex (bicalutamide)	chlorambucil
castor oil/peru balsam/trypsin	chloramphenicol
Cataflam # (diclofenac)	chlordiazepoxide
Catapres # (clonidine)	chlorhexidine gluconate *
Caverject (alprostadil) – PA ; see Table 6, p. 35	Chloroptic # (chloramphenicol)
Cebocap (lactose)	chloroquine
Ceclor # (cefaclor)	chloroxine
Cedax (ceftibuten)	chlorothiazide
Ceenu (lomustine)	chloroxylenol/pramoxine/hydrocortisone
cefaclor	chlorpheniramine * – see Table 12, p. 41
cefadroxil	
cefazolin	
cefdinir	
cefditoren	
cefepime	

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Alphabetic List (cont.)

chlorpheniramine/phenylephrine – see Table 12, p. 41	clorazepate
chlorpheniramine/pseudoephedrine * – see Table 12, p. 41	Clorpres (clonidine/chlorthalidone)
chlorpheniramine/pyrilamine/phenylephrine – see Table 12, p. 41	clotrimazole *
chlorpromazine	clotrimazole/betamethasone
chlorpropamide	clozapine
chlorthalidone	Clozарil # (clozapine)
chlorzoxazone	cod liver oil *
cholestyramine	codeine – see Table 8, p. 37
choline salicylate/magnesium salicylate	codeine/acetaminophen – see Table 8, p. 37
Cibacalcin (calcitonin, human)	codeine/aspirin – see Table 8, p. 37
ciclopirox	Cogentin # (benztropine)
cidofovir	Cognex (tacrine)
cilostazol	Colazal (balsalazide)
Ciloxan (ciprofloxacin)	colchicine/probenecid
cimetidine * – see Table 3, p. 32	colesevelam
Cinobac (cinoxacin)	Colestid (colestipol)
cinoxacin	colestipol
Cipro (ciprofloxacin)	colistimethate
ciprofloxacin	colistin/hydrocortisone/neomycin
cisplatin	collagenase
citalopram	colloidal oatmeal *
citrate salts	Col-Probenecid # (colchicine/probenecid)
Claforan # (cefotaxime)	Coly-Mycin (colistimethate)
Clarinet (desloratadine) – Limit 31 doses/ month (effective 10/01/02) ; see Table 12, p. 41	CoLyte # (polyethylene glycol-electrolyte solution)
Claritin (loratadine) – PA (effective 10/01/02) ; see Table 12, p. 41	Combipatch (estradiol/norethindrone)
Claritin-D (loratadine/pseudoephedrine) – PA (effective 10/01/02) ; see Table 12, p. 41	Combipres (clonidine/chlorthalidone)
clemastine – see Table 12, p. 41	Combivent (albuterol/ipratropium)
Cleocin # (clindamycin)	Combivir (lamivudine/zidovudine)
Climara # (estradiol)	Compazine # (prochlorperazine)
Clindagel (clindamycin) – PA > 25 years	Compro (prochlorperazine)
clindamycin	Comtan (entacapone)
Clindets # (clindamycin)	Concerta (methylphenidate)
Clinoril # (sulindac) – see Table 11, p. 40	Condyllox (podofilox)
clobetasol	Constulose (lactulose)
clocortolone	Copaxone (glatiramer)
Cloderm (clocortolone)	copper IUD
clomipramine	Cordarone # (amiodarone)
clonazepam	Cordran (flurandrenolide)
clonidine	Coreg (carvedilol)
clonidine/chlorthalidone	Corgard # (nadolol)
clopidogrel	Cormax # (clobetasol)
	Cortane-B (chloroxylenol/pramoxine/ hydrocortisone)
	Cortef # (hydrocortisone)
	corticotropin
	Cortifoam (hydrocortisone)
	cortisone

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Cortisporin # (neomycin/polymyxin B/ hydrocortisone)	Cytra-3 (potassium citrate/sodium citrate/citric acid)
Cortisporin-TC (colistin/hydrocortisone/neomycin)	Cytra-K (potassium citrate/citric acid)
Cortomycin (neomycin/polymyxin B/ hydrocortisone)	
Cortrosyn (cosyntropin)	D
Corzide (nadolol/bendroflumethiazide)	D.H.E. 45 (dihydroergotamine mesylate)
Cosopt (dorzolamide/timolol)	dacarbazine
cosyntropin	Dalmane # (flurazepam)
Coumadin # (warfarin)	dalteparin
Covera-HS (verapamil)	danazol
Cozaar (losartan)	Danocrine # (danazol)
Creon (amylase/lipase/protease)	Dantrium (dantrolene)
Crixivan (indinavir)	dantrolene
Crolom (cromolyn)	dapsone
cromolyn	Daranide (dichlorphenamide)
crotamiton	Daraprim (pyrimethamine)
Cuprimine (penicillamine)	darbepoetin alpha – PA ; see Table 4, p. 33
Cutivate (fluticasone)	Darvocet-N # (propoxyphene napsylate/ acetaminophen) – see Table 8, p. 37
cyanocobalamin *	Darvon # (propoxyphene) – see Table 8, p. 37
Cyclessa (ethinyl estradiol/desogestrel)	Darvon-N (propoxyphene napsylate) – see Table 8, p. 37
cyclobenzaprine	Daypro # (oxaprozin) – see Table 11, p. 40
Cyclocort (amcinonide)	DDAVP # (desmopressin)
Cyclogyl # (cyclopentolate)	Deca-Durabolin (nandrolone)
Cyclomydril (cyclopentolate/phenylephrine)	Declomycin (demeclocycline)
cyclopentolate	deferoxamine
cyclopentolate/phenylephrine	Delatestryl (testosterone)
cyclophosphamide	Delestrogen # (estradiol)
cyclosporine	Deltasone # (prednisone)
Cylert # (pemoline)	delavirdine
cyproheptadine – see Table 12, p. 41	Demadex # (torsemide)
Cystadane (betaine)	demeclocycline
Cystagon (cysteamine)	Demerol # (meperidine)
cysteamine	Demser (metyrosine)
Cystospaz # (hyoscyamine)	Demulen # (ethinyl estradiol/ethynodiol)
Cytadren (aminoglutethimide)	Denavir (penciclovir)
cytarabine	Depacon (valproate)
CytoGam (cytomegalovirus immune globulin IV, human) – see Table 1, p. 30	Depakene # (valproic acid)
cytomegalovirus immune globulin IV, human – see Table 1, p. 30	Depakote (divalproex)
Cytomel (liothyronine)	Depen (penicillamine)
Cytosar-U # (cytarabine)	Depo-Estradiol (estradiol)
Cytotec # (misoprostol)	Depo-Medrol # (methylprednisolone)
Cytovene (ganciclovir)	Deponit (nitroglycerin)
Cytosan # (cyclophosphamide)	Depo-Provera (medroxyprogesterone)
Cytra-2 (sodium citrate/citric acid)	Depo-Testosterone (testosterone)
	Derma-Smoothe/FS (fluocinolone)
	Dermatop (prednicarbate)
	Desferal (deferoxamine)

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Alphabetic List (cont.)

desipramine	diflunisal – see Table 11, p. 40
desloratadine – Limit 31 does/month (effective 10/01/02) ; see Table 12, p. 41	Digitek (digoxin)
desmopressin	digoxin
Desogen # (ethinyl estradiol/desogestrel)	dihydrocodeine/aspirin/caffeine
desonide	dihydroergotamine
Desowen # (desonide)	dihydrotachysterol
desoximetasone	Dilacor # (diltiazem)
Desoxyn (methamphetamine) – PA	Dilantin (phenytoin)
Desyrel # (trazodone)	Dilatrate-SR (isosorbide)
Detrol (tolterodine)	Dilauidid # (hydromorphone)
Dexacidin (neomycin/polymyxin B/ dexamethasone)	diltiazem
Dexacine (neomycin/polymyxin B/ dexamethasone)	Diovan (valsartan)
dexamethasone	Diovan HCT (valsartan/hydrochlorothiazide)
dexamethasone/neomycin	Dipentum (olsalazine)
Dexasporin (neomycin/polymyxin B/ dexamethasone)	diphenhydramine * – see Table 12, p. 41
dexbrompheniramine/pseudoephedrine – see Table 12, p. 41	diphenhydramine/pseudoephedrine – see Table 12, p. 41
dexchlorpheniramine – see Table 12, p. 41	diphenoxylate/atropine
Dexedrine # (dextroamphetamine)	dipivefrin
Dexferrum (iron dextran)	Diprolene (betamethasone)
dexamethylphenidate	Diprosone # (betamethasone)
dextroamphetamine	dipyridamole
dextrose	dipyridamole/aspirin
Dextrostat # (dextroamphetamine)	Diquinol (iodoquinol)
DHT (dihydrotachysterol)	dirithromycin
Diabeta # (glyburide)	Disalcid # (salsalate)
Diabinese # (chlorpropamide)	disopyramide
Diamox # (acetazolamide)	disulfiram
Diastat (diazepam)	Ditropan # (oxybutynin)
diazepam – see Table 7, p. 36	Diuril # (chlorothiazide)
diazoxide	divalproex
dichlorphenamide	docetaxel
diclofenac – see Table 11, p. 40	docusate sodium *
diclofenac/misoprostol – PA < 60 years ; see Table 11, p. 40	dofetilide
dicloxacillin	dolasetron
dicyclomine	Dolobid # (diflunisal) – see Table 11, p. 40
didanosine	Dolophine # (methadone) – see Table 8, p. 37
Didronel (etidronate)	Domeboro # (aluminum acetate)
dienestrol	donepezil
Differin (adapalene) – PA > 25 years ; see Table 10, p. 39	Doral (quazepam)
diflorasone	dornase alpha
Diflucan (fluconazole)	Doryx (doxycycline)
	dorzolamide
	dorzolamide/timolol
	Dostinex (cabergoline)
	Dovonex (calcipotriene)
	doxazosin
	doxepin

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doxercalciferol	enalapril
doxorubicin	enalapril/felodipine
doxycycline	enalapril/hydrochlorothiazide
Drisdol # (ergocalciferol)	Enbrel (etanercept) – PA ; see Table 5, p. 34
dronabinol – PA (effective 10/01/02)	Endocet # (oxycodone/acetaminophen) – see Table 8, p. 37
droperidol	Endocodone (oxycodone) – see Table 8, p. 37
Droxia (hydroxyurea)	Endodan # (oxycodone/aspirin) – see Table 8, p. 37
Drysol (aluminum chloride)	Enduron # (methyclothiazide)
DTIC-Dome # (dacarbazine)	Enduronyl (methyclothiazide/deserpidine)
Duoneb (albuterol/ipratropium)	Engerix-B (hepatitis B, recombinant vaccine)
Duphalac (lactulose)	enoxaparin
Duragesic (fentanyl) – see Table 8, p. 37	entacapone
Duramorph (morphine) – see Table 8, p 37	Entocort (budesonide)
Duricef # (cefadroxil)	Enulose (lactulose)
Dyazide # (triamterene/hydrochlorothiazide)	Empresse (levonorgestrel/ethinyl estradiol)
Dynabac (dirithromycin)	Epifoam (hydrocortisone/pramoxine)
Dynacin # (minocycline)	Epifrin # (epinephrine)
Dynacirc (isradipine)	epinephrine
Dynapen (dicloxacillin)	Epipen (epinephrine)
Dphylline-GG (diphylline/guaifenesin)	epirubicin
dphylline/guaifenesin	Epitol (carbamazepine)
E	Epivir (lamivudine)
Econopred # (prednisolone)	epoetin alfa – PA ; see Table 4, p 33.
echothiophate iodine	Epogen (epoetin alfa) – PA ; see Table 4, p. 33
econazole	epoprostenol
Edecrin (ethacrynic acid)	eprosartan
Edex (alprostadil) – PA ; see Table 6, p. 35	Equagesic (meprobamate/aspirin)
efavirenz	Equanil (meprobamate)
Effexor (venlafaxine)	ergocalciferol
Efudex (fluorouracil)	ergoloid
electrolyte solution, pediatric *	Ergomar (ergotamine)
Elavil # (amitriptyline)	ergotamine
Eldepryl # (selegiline)	ergotamine/caffeine
Elidel (pimecrolimus)	Eryped # (erythromycin)
Elimite # (permethrin)	Ery-tab (erythromycin)
Elixophyllin-KI (theophylline/potassium iodide)	Erythrocin (erythromycin)
Ellence (epirubicin)	erythromycin
Elmiron (pentosan)	erythromycin/sulfisoxazole
Elocon (mometasone)	Esclim # (estradiol)
emedastine	Esgic # (butalbital/acetaminophen/caffeine)
Emadine (emedastine)	Eskalith # (lithium)
Embeline (clobetasol)	esomeprazole – PA; see Table 3, p. 32
Emcyt (estramustine)	estazolam
Emgel # (erythromycin)	estrogens, conjugated
EMLA (lidocaine/prilocaine)	estrogens, esterified
Empirin with codeine – see Table 8, p. 37	estrogens, esterified/methyltestosterone
E-Mycin # (erythromycin)	Estinyl (ethinyl estradiol)

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Estrace # (estradiol)	F
Estraderm (estradiol)	factor IX complex
estradiol	factor IX, human
estradiol/medroxyprogesterone	factor IX, recombinant
estradiol/norethindrone	famotidine * – see Table 3, p. 32
estramustine	famciclovir
Estratab # (estrogens, esterified)	Famvir (famciclovir)
Estratest (estrogens, esterified/ methyltestosterone)	Farbital (butalbital/aspirin/caffeine)
Estring (estradiol)	Fareston (toremifene)
estriol	Faslodex (fulvestrant) – PA
estrogens, conjugated	fat emulsion, intravenous
estrogens, conjugated/medroxyprogesterone	Feiba VH Immuno (anti-inhibitor coagulant complex)
estropipate	felbamate
Estrostep Fe (ethynodiol/desogestrel)	Felbatol (felbamate)
Estrostep 21 (ethynodiol/desogestrel)	Feldene # (piroxicam) – see Table 11, p. 40
etanercept – PA ; see Table 5, p. 34	felodipine
ethacrynic acid	Femara (letrozole)
ethambutol	Femhrt (ethynodiol/desogestrel)
Ethezyme (papain/urea)	fenofibrate
ethinyl estradiol	fenoprofen – see Table 11, p. 40
ethinyl estradiol/desogestrel	fentanyl – see Table 8, p. 37
ethinyl estradiol/ethynodiol	fentanyl transmucosal system – PA ; see Table 8, p. 37
ethinyl estradiol/drospirenone	Ferrlecit (sodium ferric gluconate complex)
ethinyl estradiol/levonorgestrel	ferrous fumarate *
ethinyl estradiol/norelgestromin – limit 4 patches/month (effective 10/01/02, PA is required)	ferrous gluconate *
ethinyl estradiol/norethindrone	ferrous sulfate *
ethinyl estradiol/norgestrel	fexofenadine – PA (effective 10/01/02) ; see Table 12, p. 41
Ethmozine (moricizine)	fexofenadine/pseudoephedrine – PA (effective 10/01/02) ; see Table 12, p. 41
ethosuximide	filgrastim – PA ; see Table 4, p. 33
ethotoxin	finasteride
etidronate	Finevin (azelaic acid)
etodolac – see Table 11, p. 40	Fioricet # (butalbital/acetaminophen/caffeine)
etonogestrel/ethinyl estradiol – PA	Fioricet/codeine # (butalbital/acetaminophen/ codeine/caffeine)
etoposide	Fiorinal # (butalbital/aspirin/caffeine)
etretinate – see Table 10, p. 39	Fiorinal/codeine # (butalbital/codeine/aspirin/ caffeine)
Eulexin # (flutamide)	Fiorpap (butalbital/acetaminophen/caffeine)
Eurax (crotamiton)	Fiortal (butalbital/aspirin/caffeine)
Evista (raloxifene)	Flagyl # (metronidazole)
Evoxac (cevimeline)	Flarex # (fluorometholone)
Exelderm (sulconazole)	flavoxate
Exelon (rivastigmine)	flecanide
exemestane	Flexeril # (cyclobenzaprine) – see Table 7, p. 36
	Flexoject (orphenadrine) – see Table 7, p. 36

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Flexon (orphenadrine) – see Table 7, p. 36	fosfomycin
Flolan (epoprostenol)	fosinopril
Flomax (tamsulosin)	Fragmin (dalteparin)
Flonase (fluticasone)	fulvestrant – PA
Florinef (fludrocortisone)	Fulvicin # (griseofluvin)
fluormetholone	Fungizone (amphotericin B)
Flovent (fluticasone)	Furacin (nitrofurazone)
Floxin (ofloxacin)	Furadantin (nitrofurantoin)
flucytosine	furazolidone
fluconazole	furosemide
fludrocortisone	Furoxone (furazolidone)
Flumadine # (rimantadine)	 G
flunisolide	gabapentin
fluocinolone	Gabitril (tiagabine)
fluorides	galantamine
Fluoritab (sodium fluoride)	Gammimune N (immune globulin IV, human) – PA ; see Table 1, p. 30
fluorometholone	Gammagard S/D (immune globulin IV, human) – PA ; see Table 1, p. 30
fluorometholone/sulfacetamide	Gammar-P IV (immune globulin IV, human) – PA ; see Table 1, p. 30
Fluor-op (fluorometholone)	Gamulin Rh (Rho(D) immune globulin IM) – see Table 1, p. 30
Fluoroplex (fluorouracil)	ganciclovir
fluorouracil	Gantrisin (sulfisoxazole)
fluoxetine	Gastrocrom (cromolyn)
fluoxymesterone	gatifloxacin
fluphenazine	gelatin
flurandrenolide	gemcitabine
flurazepam	gemfibrozil
flurbiprofen – see Table 11, p. 40	Gemzar (gemcitabine)
fluroxamine	Gengraf (cyclosporine)
flutamide	Genora (ethinyl estradiol/norethindrone)
fluticasone	Genotropin (somatropin) – PA ; see Table 9, p. 38
fluticasone/salmeterol	Gentacidin (gentamicin)
fluvastatin	Gentak (gentamicin)
Fluvirin (influenza vaccine)	gentamicin
fluvoxamine	Geocillin (carbenicillin)
FML # (fluorometholone)	Geodon (ziprasidone)
FML-S (fluorometholone/sulfacetamide)	Geodon (ziprasidone) injection
Focalin (dexmethylphenidate)	glatiramer
folic acid *	Gleevec (imatinib)
fondaparinux – limit 11 doses/Rx	glimepiride
Foradil (formoterol)	glipizide
formaldehyde	glucagon
Formaldehyde-10 (formaldehyde)	glycerin
formoterol fumarate	gluconic acid/citric acid
Fortaz (ceftazidime)	
Fortovase (saquinavir)	
Fosamax (alendronate)	
foscarnet	
Foscavir (foscarnet)	

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Glucophage # (metformin)	Herceptin (trastuzumab)
Glucotrol # (glipizide)	hexachlorophene
glyburide	Hiprex (methenamine)
glycopyrrolate	Hivid (zalcitabine)
Glynase # (glyburide)	homatropine
Glyset (miglitol)	Humate-P (antithemophilic factor, human)
gold sodium thiomalate	Humatin # (paromomycin)
GoLYTELY # (polyethylene glycol-electrolyte solution)	Humatrop (somatropin) – PA ; see Table 9, p. 38
goserelin – PA ; see Table 2, p. 31	Hyalgan (sodium hyaluronate) – PA
granisetron	hyaluronate
Granul-derm (castor oil/peru balsam/trypsin)	hydralazine
Granulex # (castor oil/peru balsam/trypsin)	hydralazine/hydrochlorothiazide
Grifulvin # (griseofulvin)	Hydra-zide # (hydralazine/hydrochlorothiazide)
griseofulvin	Hydrea # (hydroxyurea)
Gris-Peg # (griseofulvin)	Hydrocet # (hydrocodone/acetaminophen) – see Table 8, p. 37
guaifenesin/diphylline	hydrochlorothiazide
guanabenz	hydrocodone – see Table 8, p. 37
guanfacine	hydrocodone/acetaminophen – see Table 8, p. 37
Gynazole-1 (butoconazole)	hydrocodone/aspirin – see Table 8, p. 37
Gynodiol (estradiol)	hydrocortisone *
H	hydrocortisone/lidocaine
HBIG (hepatitis B immune globulin, human) – see Table 1, p. 30	hydrogen peroxide *
Halcion # (triazolam)	hydromorphone
halcinonide	hydroxychloroquine
Haldol # (haloperidol)	hydroxycobalamin
halobetasol	hydroxyprogesterone
Halog (halcinonide)	hydroxyurea
Halog-E (halcinonide)	hydroxyzine – see Table 12, p. 41
haloperidol	hylan polymers – PA
Haponal (belladonna/phenobarbital)	Hylutin (hydroxyprogesterone)
Havrix (hepatitis A vaccine, inactivated)	hyoscyamine
Hectorol (doxercalciferol)	hyoscyamine/phenobarbital
Helidac (bismuth subsalicylate/tetracycline/ metronidazole)	Hyosol/SL (hyoscyamine, sublingual)
Helixate (antithemophilic factor, recombinant)	Hyospaz (hyoscyamine)
Hemofil-M (antithemophilic factor, recombinant)	HyperHep (hepatitis B immune globulin, human) – see Table 1, p. 30
Hep-Lock # (heparin)	HypRho-D (Rho(D) immune globulin IM) – see Table 1, p. 30
heparin	HypRho-D Mini-Dose (Rho(D) immune globulin IM micro-dose) – see Table 1, p. 30
heparin lock flush	Hytakerol (dihydrotachysterol)
hepatitis A vaccine, inactivated	Hytone # (hydrocortisone)
hepatitis A vaccine inactivated/hepatitis B, recombinant vaccine	Hytrin # (terazosin)
hepatitis B immune globulin, human – see Table 1, p. 30	Hyzaar (losartan/hydrochlorothiazide)
hepatitis B, recombinant vaccine	

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I

ibuprofen * – see Table 11, p. 40
imatinib
Imdur # (isosorbide)
imiglucerase
imipenem/cilastatin
imipramine
imiquimod
Imitrex (sumatriptan)
immune globulin IV, human – **PA**; see Table 1, p. 30
Imogam Rabies-HT (rabies immune globulin IM, human) – see Table 1, p. 30
Imovax (rabies vaccine)
Imuran # (azathioprine)
Inapsine # (droperidol)
indapamide
Inderal # (propranolol)
Inderide # (propranolol/hydrochlorothiazide)
indinavir
Indocin # (indomethacin) – see Table 11, p. 40
indomethacin – see Table 11, p. 40
Infed (iron dextran)
Infergen (interferon alfacon-1) – see Table 5, p. 34
Inflamase # (prednisolone/sodium phosphate)
infliximab – **PA**; see Table 5, p. 34
influenza vaccine
Infumorph (morphine) – see Table 8, p. 37
insulins *
Intal # (cromolyn)
interferon alfa-n3, human leukocyte derived – see Table 5, p. 34
interferon alfa-2a – see Table 5, p. 34
interferon alfa-2b – see Table 5, p. 34
interferon alfa-2b recombinant/ribavirin – see Table 5, p. 34
interferon alfacon-1 – see Table 5, p. 34
interferon beta-1a – see Table 5, p. 34
interferon beta-1b – see Table 5, p. 34
interferon gamma-1b – see Table 5, p. 34
Intron A (interferon alfa-2b) – see Table 5, p. 34
Inversine (mecamylamine)
Invirase (saquinavir)
iodine *
iodoquinol
iodoquinol/hydrocortisone
lopidine (apraclonidine)

ipratropium
irbesartan
irbesartan/hydrochlorothiazide
irinotecan
iron dextran
iron sucrose
Ismo # (isosorbide)
isoetharine
isoniazid
isopropyl alcohol *
Isoptin # (verapamil)
Isordil # (isosorbide)
isosorbide
isotretinoin – see Table 10, p. 39
isradipine
itraconazole
Iveegam EN (immune globulin IV, human) – **PA**; see Table 1, p. 30
ivermectin

J

Japanese encephalitis virus vaccine
Jenest-28 (ethinyl estradiol/norethindrone)
JE-Vax (Japanese encephalitis virus vaccine)

K

Kadian (morphine) – see Table 8, p. 37
Kaletra (lopinavir/ritonavir)
Kaochlor (potassium chloride)
kaolin/pectin *
Kaon-Cl (potassium chloride)
Kayexalate # (sodium polystyrene sulfonate)
K-Dur # (potassium chloride)
Keflex # (cephalexin)
Keftab (cephalexin)
Kefurox # (cefuroxime)
Kemadrin (procyclidine)
Kenalog # (triamcinolone)
Keppra (levetiracetam)
Kerlone # (betaxolol)
ketamine
ketoconazole
ketoprofen * – see Table 11, p. 40
ketorolac – see Table 11, p. 40
ketotifen
Kineret (anakinra) – **PA**; see Table 5, p. 34
Kionex # (sodium polystyrene sulfonate)

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Alphabetic List (cont.)

Klaron (sulfacetamide)	Lantus (insulin glargine)
Klonopin # (clonazepam)	Lariam (mefloquine)
K-Lor # (potassium chloride)	Larodopa (levodopa)
Klor-Con # (potassium bicarbonate)	Lasix # (furosemide)
Klotrix (potassium iodide)	Iatanoprost
K-Lyte (potassium bicarbonate)	Lazer Formalyde (formaldehyde)
K-Lyte/Cl # (potassium chloride/potassium bicarbonate)	L-Carnitine (levocarnitine)
Koate-DVI (antihemophilic factor, human)	leflunomide
Kogenate (antihemophilic factor, recombinant)	lepirudin – PA
Konyne 80 (factor IX complex)	Lescol (fluvastatin)
Kovia (papain/urea)	Ietrozole
K-Phos Original (sodium phosphate)	leucovorin
K-Phos M.F. (potassium phosphate/sodium phosphate)	Leukeran (chlorambucil)
K-Phos Neutral (potassium phosphate/dibasic sodium phosphate/monobasic sodium phosphate)	Leukine (sargramostim) – PA ; see Table 4, p. 33
K-Phos No. 2 (potassium phosphate/sodium phosphate/phosphorus)	Ieuprolide – PA ; see Table 2, p. 31
Kristalose (lactulose)	levalbuterol
K-Tab (potassium chloride)	Levaquin (levofloxacin)
Kutapressin (liver derivative complex)	Levatol (penbutolol)
K-Vescent Potassium Chloride (potassium chloride)	Levbid (hyoscymine)
Kytril (granisetron)	levetiracetam
L	Levlen # (ethinyl estradiol/levonorgestrel)
Iabetalol	Levlite (ethinyl estradiol/levonorgestrel)
Lac-Hydrin (ammonium lactate)	levobunolol
lactic acid	levocabastine
lactic acid/vitamin E	levocarnitine
Lactinol (lactic acid)	Levo-Dromoran # (levorphanol) – see Table 8, p. 37
Lactinol-E (lactic acid/vitamin E)	levodopa
lactose	levofloxacin
lactulose	Levora # (ethinyl estradiol/levonorgestrel)
Lamictal (lamotrigine)	levonorgestrel
Lamisil (terbinafine)	levorphanol – see Table 8, p. 37
lamivudine	Levothroid (levothyroxine)
lamivudine/zidovudine	levothyroxine
lamotrigine	Levoxyl (levothyroxine)
lanolin *	Levsin (hyoscymine)
Lanoxicaps (digoxin)	Levsin PB (hyoscymine/phenobarbital)
Lanoxin # (digoxin)	Levsinex Timecaps # (hyoscymine)
Iansoprazole – PA > 16 years (except suspension for LTC members); see Table 3, p. 32	Lexxel (enalapril/felodipine)
Iansoprazole/amoxicillin/clarithromycin	Lida-Mantle-HC Cream (hydrocortisone/lidocaine)
	Lidex # (fluocinonide)
	lidocaine
	lidocaine/prilocaine
	Lidoderm (lidocaine)
	lindane
	linezolid
	Lioresal # (baclofen) – see Table 7, p. 36

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Alphabetic List (cont.)

Lioresal Intrathecal (baclofen) – PA ; see Table 7, p. 36	Lotrimin # (clotrimazole)
liothyronine	Lotrisone # (clotrimazole/betamethasone)
liothyronine/thyroxine	lovastatin
Liotrix (liothyronine/thyroxine)	Lovenox (enoxaparin)
Lipitor (atorvastatin)	Low-Ogestrel # (ethinyl estradiol/norgestrel)
Liposyn # (fat emulsion, intravenous)	loxapine
Lipram (amylase/lipase/protease)	Loxitane # (loxapine)
lisinopril	Lozol # (indapamide)
lisinopril/hydrochlorothiazide	Lufyllin-GG (dyphylline/guaifenesin)
lithium	Lumigan (bimatoprost)
Lithobid (lithium)	Lunelle (estradiol/medroxyprogesterone)
Lithostat (acetohydroxamic acid)	Lupron # (leuprolide) – PA ; see Table 2, p. 31
liver derivative complex	Luride # (sodium fluoride)
Livostin (levocabastine)	Luvox # (fluvoxamine)
Lo/Ovral # (ethinyl estradiol/norgestrel)	Luxiq (betamethasone)
LoCHOLEST # (cholestyramine)	
Iodaxamide	
Lodine # (etodolac) – see Table 11, p. 40	M
Lodosyn (carbidopa)	Macrobid (nitrofurantoin)
Loestrin # (ethinyl estradiol/norethindrone)	Macroductin # (nitrofurantoin)
Lomotil # (diphenoxylate/atropine)	mafenide
lomustine	magaldrate *
Lonox # (diphenoxylate/atropine)	magnesium carbonate/citric acid/gluconolactone
loperamide *	magnesium citrate *
lopinavir/ritonavir	magnesium gluconate *
Lopid # (gemfibrozil)	magnesium hydroxide *
Lopressor # (metoprolol)	magnesium trisalicylate *
Loprox (ciclopirox)	Malarone (atovaquone/proguanil)
Lorabid (loracarbef)	Mandelamine (methenamine)
loracarbef	maprotiline
loratadine – PA (effective 10/01/02) ; see Table 12, p. 41	Marcaine # (bupivacaine)
loratadine/pseudoephedrine – PA (effective 10/01/02) ; see Table 12, p. 41	Marinol (dronabinol) – PA (effective 10/01/02)
lorazepam	Marten-tab # (butalbital/acetaminophen)
Lorcet # (hydrocodone/acetaminophen) – see Table 8, p. 37	Matulane (procarbazine)
Lortab # (hydrocodone/acetaminophen) – see Table 8, p. 37	Mavik (trandolapril)
Lortab ASA (hydrocodone/aspirin) – see Table 8, p. 37	Maxair (pirbuterol)
losartan	Maxalt (rizatriptan)
losartan/hydrochlorothiazide	Maxidex (dexamethasone)
Lotemax (loteprednol)	Maxidone (hydrocodone/acetaminophen) – see Table 8, p. 37
Lotensin (benazepril)	Maxipime (cefepime)
loteprednol	Maxitrol # (neomycin/polymyxin B/dexamethasone)
Lotrel (amlodipine/benazepril)	Maxzide # (triamterene/hydrochlorothiazide)
	mecamylamine
	Mebaral (mephobarbital)
	mebendazole
	mechlorethamine
	meclizine *

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Alphabetic List (cont.)

meclofenamate – see Table 11, p. 40	methenamine/sodium acid phosphate
Medrol # (methylprednisolone)	Methergine (methylergonovine)
medroxyprogesterone	methimazole
medroxyprogesterone/estrogen, conjugated	Methitest (methyltestosterone)
mefenamic acid – PA ; see Table 11, p. 40	methocarbamol – see Table 7, p. 36
mefloquine	methotrexate
Mefoxin # (cefoxitin)	methoxsalen
Megace # (megestrol)	methscopolamine
megestrol	methsuximide
Mellaril # (thioridazine)	methyclothiazide
meloxicam – PA < 60 years ; see Table 11, p. 40	methyclothiazide/deserpidine
melphalan	methyldopa
Menest (estrogens, esterified)	methyldopa/hydrochlorothiazide
meningococcal polysaccharide vaccine	methylergonovine
Menomune-A/C/Y/W-135 (meningococcal polysaccharide vaccine)	Methylin # (methylphenidate)
Mentax (butenafine)	methylphenidate
mepenzolate	methylprednisolone
meperidine – see Table 8, p. 37	methysergide
mephobarbital	methyltestosterone
Mephyton (phytonadione)	metipranolol
meprobamate	metoclopramide
meprobamate/aspirin	metolazone
Mepron (atovaquone)	metoprolol
mercaptopurine	Metrocream (metronidazole)
Meridia (sibutramine) – PA	Metrogel (metronidazole)
meropenem	Metrolotion (metronidazole)
Merrem (meropenem)	metronidazole
mesalamine	metyrosine
mesna	Mevacor # (lovastatin)
mesoridazine	mexiletine
Mestinon # (pyridostigmine)	Mexitil # (mexiletine)
Metadate # (methylphenidate)	Miacalcin # (calcitonin, salmon)
metaproterenol	Micanol (anthralin)
metaxalone – see Table 7, p. 36	Micardis (telmisartan)
metformin	miconazole *
methadone – see Table 8, p. 37	MICRhoGAM (Rho(D) immune globulin IM micro-dose) – see Table 1, p. 30
Methadose # (methadone) – see Table 8, p. 37	Microgestin Fe # (ethinyl estradiol/norethindrone)
methamphetamine – PA	Micro-K # (potassium chloride)
methazolamide	Micronase # (glyburide)
methenamine	Micronor (norethindrone)
methenamine/benzoic acid/atropine/ hyoscymamine/methylene blue	Microzide # (hydrochlorothiazide)
methenamine/benzoic acid/atropine/ hyoscymamine/phenyl salicylate/methylene blue	Midamor # (amiloride)
methenamine/benzoic acid/atropine/ hyoscymamine/saldol/methylene blue	midazolam
methenamine/hyoscymamine/methylene blue	midodrine
	miglitol
	Migranal (dihydroergotamine)

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Alphabetic List (cont.)

mineral oil *	multivitamins/minerals *
Mini-Gamulin Rh (Rho(D) immune globulin IM micro-dose) – see Table 1, p. 30	mupirocin
Minitran # (nitroglycerin)	Murocoll-2 (scopolamine/phenylephrine)
Minizide (prazosin/polythiazide)	Muse (alprostadil) – PA ; see Table 6, p. 35
Minocin # (minocycline)	Mustargen (mechlorethamine)
minocycline	Myambutol # (ethambutol)
minoxidil	Mycobutin (rifabutin)
Mintezol (thiabendazole)	Mycogen (nystatin/triamcinolone)
Miralax (polyethylene glycol-electrolyte solution)	Mycolog II # (nystatin/triamcinolone)
Mirapex (pramipexole)	mycophenolate
Mircette (ethinyl estradiol/desogestrel)	Mycostatin # (nystatin)
mirtazapine	Mydfrin (phenylephrine)
misoprostol	Mydriacyl # (tropicamide)
mitomycin	Myobloc (botulinum toxin type B) – PA
mitoxantrone	Mysoline # (primidone)
Moban (molindrone)	
Mobic (meloxicam) – PA < 60 years ; see Table 11, p. 40	
modafinil	N
Modicon # (ethinyl estradiol/norethindrone)	Nabi-HB (hepatitis B immune globulin, human) – see Table 1, p. 30
Moduretic # (amiloride/hydrochlorothiazide)	nabumetone – see Table 11, p. 40
moexipril	nadolol
moexipril/hydrochlorothiazide	nadolol/bendroflumethiazide
molindone	nafarelin
mometasone	nafcillin
Monarc-M (antihemophilic factor, human)	Naftin (naftifine)
Monoclote-P (antihemophilic factor, human)	naftifine
Monodox # (doxycycline)	nalbuphine
Monoket # (isosorbide)	Nalfon # (fenoprofen) – see Table 11, p. 40
Mononine (factor IX, human)	nalidixic acid
Monopril (fosinopril)	Nallpen (nafcillin)
montelukast	naloxone
Monurol (fosfomycin)	naltrexone
moricezine	nandrolone
morphine – see Table 8, p. 37	naphazoline
morphine extended-release – PA ; see Table 8, p. 37	Naprosyn # (naproxen *) – see Table 11, p. 40
Motofen (atropine/difenoxin)	naproxen * – see Table 11, p. 40
Motrin # (ibuprofen *) – see Table 11, p. 40	Naqua (trichlormethiazide)
moxifloxacin	naratriptan
MS Contin # (morphine) – see Table 8, p. 37	Nardil (phenelzine)
MS/L (morphine) – see Table 8, p. 37	Nasacort (triamcinolone)
MSIR (morphine) – see Table 8, p. 37	Nasalide (flunisolide)
MS/S (morphine) – see Table 8, p. 37	Nasarel (flunisolide)
Mucomyst # (acetylcysteine)	Nasonex (mometasone)
Mucomyst-10 (acetylcysteine)	nateglinide
multivitamins *	Navane # (thiothixene)
	Navelbine (vinorelbine)
	Nebcin # (tobramycin)

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Nebupent (pentamidine)	Nitrolingual (nitroglycerin)
Necon # (ethinyl estradiol/norethindrone)	Nitroquick (nitroglycerin)
nedocromil	Nitrostat # (nitroglycerin)
nefazodone	Nitrotab (nitroglycerin)
NegGram # (nalidixic acid)	Nitro-Time (nitroglycerin)
nelfinavir	nizatidine – see Table 3, p. 32
Nelova # (ethinyl estradiol/norethindrone)	Nizoral # (ketoconazole)
Nembutal # (pentobarbital)	Nolvadex # (tamoxifen)
Neo-Decadron (dexamethasone/neomycin)	nonoxynol-9 *
neomycin *	Norco # (hydrocodone/acetaminophen) – see
neomycin/polymyxin B/dexamethasone	Table 8, p. 37
neomycin/polymyxin B/gramicidin	Nordette # (ethinyl estradiol/levonorgestrel)
neomycin/polymyxin B/hydrocortisone	Norditropin (somatropin) – PA ; see Table 9, p. 38
neomycin/polymyxin B/prednisolone	norethindrone
Neoral (cyclosporine)	Norflex # (orphenadrine) – see Table 7, p. 36
Neosar # (cyclophosphamide)	norfloxacin
Neosporin Ophthalmic Solution #	Norgesic # (orphenadrine/aspirin/caffeine) – see
(neomycin/polymyxin B/gramicidin)	Table 7, p. 36
neostigmine	norgestrel
Neptazane # (methazolamide)	Norinyl # (ethinyl estradiol/norethindrone)
Neulasta (pegfilgrastim) – PA ; see Table 4, p. 33	Noritate (metronidazole)
Neumega (oprelvekin) – PA ; see Table 4, p. 33	Normodyne # (labetalol)
Neupogen (filgrastim) – PA ; see Table 4, p. 33	Noroxin (norfloxacin)
Neurontin (gabapentin)	Norpace # (disopyramide)
nevirapine	Norpramin # (desipramine)
Nexium (esomeprazole) – PA ; see Table 3, p. 32	Nor-Q-D # (norethindrone)
niacin *	Nortrel (ethinyl estradiol/norethindrone)
niacin/lovastatin	nortriptyline
niacinamide *	Norvasc (amlodipine)
nicardipine	Norvir (ritonavir)
nicotinic acid *	Novantrone (mitoxantrone) – see Table 5, p. 34
Nifedical (nifedipine)	Novoseven (eptacog alfa)
nifedipine	Nulev (hyoscymamine)
Nilandron (nilutamide)	NuLytely (polyethylene glycol-electrolyte solution)
Nilstat # (nystatin)	Numorphan (oxymorphone) – see Table 8, p. 37
nilutamide	Nutropin (somatropin) – PA ; see Table 9, p. 38
nimodipine	Nutropin AQ (somatropin) – PA ; see Table 9, p. 38
Nimotop (nimodipine)	NuvaRing (etonogestrel/ethinyl estradiol) – PA
nisoldipine	nystatin
nitisinone	nystatin/neomycin/triamcinolone/gramicidin
Nitrek # (nitroglycerin)	nystatin/triamcinolone
Nitro-Bid # (nitroglycerin)	
Nitrodisc (nitroglycerin)	
Nitro-Dur # (nitroglycerin)	
nitrofurantoin	
nitrofurazone	
nitroglycerin	
Nitrol (nitroglycerin)	

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O

octreotide – **PA**
Ocufen # (flurbiprofen)
Ocuflox (ofloxacin)
Ocupress # (carteolol)
Ocusulf-10 # (sulfacetamide)
ofloxacin
Ogen # (estropipate)
Ogestrel # (ethinyl estradiol/norgestrel)
ofloxacin
olanzapine
olmesartan
olopatadine
olsalazine
Olux (clobetasol)
omeprazole – **PA > 16 years (effective 10/01/02, PA is required for all ages)**; see Table 3, p. 32
Omnicef (cefdinir)
Omnipen # (ampicillin)
OMS (morphine) – see Table 8, p. 37
ondansetron
Onxol # (paclitaxel)
opium
oprelvekin – **PA**; see Table 4, p. 33
Opticrom # (cromolyn)
Optimine (azatadine) – **PA (effective 10/01/02); see Table 12, p. 41**
Optipranolol # (metipranolol)
Optivar (azelastine)
Oralone # (triamcinolone)
Oramorph SR (morphine) – see Table 8, p. 37
Orap (pimozone)
Orapred (prednisolone)
Orasone (prednisone)
Oretic # (hydrochlorothiazide)
Orfadin (nitixinone)
orlistat – **PA**
orphenadrine – see Table 7, p. 36
orphenadrine/aspirin/caffeine – see Table 7, p. 36
Orphengesic # (orphenadrine/aspirin/caffeine) – see Table 7, p. 36
Ortho-Cept # (ethinyl estradiol/desogestrel)
Ortho-Cyclen (ethinyl estradiol/norgestimate)
Ortho-Dienestrol (dienestrol)
Ortho-Est # (estropipate)

Ortho-Evra (ethinyl estradiol/norelgestromin) –**limit 4 patches/month (effective 10/01/02, PA is required)**
Ortho-Novum # (ethinyl estradiol/norethindrone)
Ortho-Prefest (estradiol/norgestimate)
Orudis # (ketoprofen *) – see Table 11, p. 40
Oruvail # (ketoprofen *) – see Table 11, p. 40
oseltamivir
Osmoglyn (glycerin)
Oticaine (benzocaine)
Otocain (benzocaine)
Ovcon (ethinyl estradiol/norethindrone)
Ovide (malathion)
Ovral # (ethinyl estradiol/norgestrel)
Ovrette (norgestrel)
oxacillin
Oxandrin (oxandrolone)
oxandrolone
oxaprozin – see Table 11, p. 40
oxazepam
oxcarbazepine
oxiconazole
Oxistat (oxiconazole)
Oxsoralen (methoxsalen)
Oxsoralen-Ultra (methoxsalen)
oxybutinin
oxycodone – see Table 8, p. 37
oxycodone/acetaminophen – see Table 8, p. 37
oxycodone/aspirin – see Table 8, p. 37
Oxycontin (oxycodone) – see Table 8, p. 37
Oxydose (oxycodone) – see Table 8, p. 37
OxyFast (oxycodone) – see Table 8, p. 37
Oxy IR (oxycodone) – see Table 8, p. 37
oxymetholone
oxymorphone
oxytetracycline/polymyxin B
oxytocin

P

P2E1 (pilocarpine/epinephrine)
Pacerone # (amiodarone)
paclitaxel
palivizumab – **PA**
Pamelor # (nortriptyline)
pamidronate
Pamine (methscopolamine)
Panafil (papain/urea/chlorophyllin/copper complex)
Pancrease (amylase/lipase/protease)

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Pancrecarb (amylase/lipase/protease)	Pentasa (mesalamine)
Pancrelipase (amylase/lipase/protease)	pentazocine
Pancron (amylase/lipase/protease)	pentazocine/acetaminophen
Pandel (hydrocortisone probutate)	pentazocine/naloxone
Pangestyme (amylase/lipase/protease)	pentosan
Panglobulin (immune globulin IV, human) – PA ; see Table 1, p. 30	pentoxifylline
Panokase (amylase/lipase/protease)	Pentoxil # (pentoxifylline)
Panretin (alitretinoin) – PA ; see Table 10, p. 39	Pepcid # (famotidine *) – see Table 3, p. 32
pantoprazole – see Table 3, p. 32	P-Phenylephrine (phenylephrine)
papain/urea	Percocet # (oxycodone/acetaminophen) – see Table 8, p. 37
papain/urea/chlorophyllin	Percodan # (oxycodone/aspirin) – see Table 8, p. 37
papain/urea/chlorophyllin/copper complex	pergolide
papaverine	Periactin # (cyproheptadine) – see Table 12, p. 41
Parafon Forte DSC # (chlorzoxazone) – see Table 7, p. 36	perindopril
Paragard (copper IUD)	Periostat (doxycycline)
Paraplatin (carboplatin)	Permapen (penicillin G)
paregoric	Permax (pergolide)
paricalcitol	permethrin *
Parlodel # (bromocriptine)	perphenazine
Parnate (tranylcypromine)	petrolatum *
paramomycin	Pfizerpen # (penicillin G)
paroxetine	Pharmaflur (sodium fluoride)
Patanol (olopatadine)	phenazopyridine
Paxil (paroxetine)	phenelzine
PBZ # (tripelennamine) – see Table 12, p. 41	Phenergan # (promethazine) – see Table 12, p. 41
PCE Dispersab (erythromycin)	phenobarbital
Pediapred # (prednisolone)	phentolamine
pediatric multivitamins *	phenylephrine
Pedi-Dri (nystatin)	phenyltoloxamine/pyrilamine/pheniramine/ pseudoephedrine – see Table 12, p. 41
Pediotic # (neomycin/polymyxin B/ hydrocortisone)	Phenytek (phenytoin)
Peganone (ethotoxin)	phenytoin
pegfilgrastim – PA ; see Table 4, p. 33	Phisohex (hexachlorophene)
peginterferon alfa-2b – see Table 5, p. 34	Phos-Flur (sodium fluoride)
PEG-Intron (peginterferon alfa-2b) – see Table 5, p. 34	Phoslo (calcium acetate)
Pemadd # (pemoline)	Phospholine Iodide (echothiophate)
pemirolast	Phrenilin # (butalbital/acetaminophen)
pemoline	phytonadione
penbutolol	Pilocar # (pilocarpine)
penciclovir	pilocarpine
penicillamine	pilocarpine/epinephrine
penicillin G	Pilopine (pilocarpine)
penicillin V	Piloptic (pilocarpine)
Penlac (cyclopirox)	pimecrolimus
pentamidine	pimozide
	pindolol
	pioglitazone

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piperacillin/tazobactam	pramoxine/hydrocortisone
pirbuterol	Prandin (repaglinide)
piroxicam – see Table 11, p. 40	Pravachol (pravastatin)
Plan B (levonorgestrel)	pravastatin
Plaquenil # (hydroxychloroquine)	prazosin
Platinol-AQ # (cisplatin)	prazosin/polythiazide
Plavix (clopidogrel)	Precose (acarbose)
Plendil (felodipine)	Pred-Forte # (prednisolone)
Pletal (cilostazol)	Pred-G (prednisolone/gentamicin)
Plexion (sulfacetamide/sulfur)	prednicarbate
pneumococcal vaccine	prednisolone
Pneumovax (pneumococcal vaccine)	prednisolone/gentamicin
Pnu-Imune # (pneumococcal vaccine)	prednisone
podofilox	Prelone # (prednisolone)
Polaramine # (dexchlorpheniramine) – see Table 12, p. 41	Premarin (estrogens, conjugated)
Polycitra (citric acid/sodium citrate/potassium citrate)	Premphase (medroxyprogesterone/estrogens, conjugated)
Polycitra-K (citric acid/potassium citrate)	Prempro (medroxyprogesterone/estrogens, conjugated)
Polycitra-LC (citric acid/sodium citrate/potassium citrate)	prenatal vitamins *
polyethylene glycol-electrolyte solution	Prevacid (lansoprazole) capsules – PA > 16 years ; see Table 3, p. 32
Polygam S/D (immune globulin IV, human) – PA ; see Table 1, p. 30	Prevacid (lansoprazole) suspension – PA > 16 years (except for LTC members) ; see Table 3, p. 32
polymyxin B	Prevalite # (cholestyramine)
Poly-Pred (neomycin/polymyxin B/prednisolone)	Preven (ethinyl estradiol/levonorgestrel)
polythiazide	Prevident (sodium fluoride)
Polytrim # (trimethoprim/polymyxin B)	Prevpac (lansoprazole/amoxicillin/clarithromycin)
Ponstel (mefenamic acid) – PA ; see Table 11, p. 40	Prilosec (omeprazole) – PA > 16 years (effective 10/01/02, PA is required for all ages) ; see Table 3, p. 32
Portia (levonorgestrel/ethinyl estradiol)	primaquine
potassium bicarbonate	Primaxin (imipenem/cilastatin)
potassium chloride/potassium bicarbonate	primidone
potassium chloride/sodium chloride/sodium bicarbonate	Primsol (trimethoprim)
potassium citrate	Principen # (ampicillin)
potassium citrate/citric acid	Prinivil # (lisinopril)
potassium citrate/sodium citrate/citric acid	Prinzide # (lisinopril/hydrochlorothiazide)
potassium iodide	Proamatine (midodrine)
potassium phosphate	probencid
potassium phosphate/dibasic sodium phosphate/monobasic sodium phosphate	probencid/colchicine
potassium phosphate/sodium phosphate	procainamide
potassium phosphate/sodium phosphate/phosphorus	Procanbid (procainamide)
povidone *	procabazine
pramipexole	Procardia # (nifedipine)
Pramosone # (pramoxine/hydrocortisone)	prochlorperazine

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Procrit (epoetin alfa) – PA ; see Table 4, p. 33	Pulmicort (budesonide)
Proctocort # (hydrocortisone)	Pulmozyme (dornase alpha)
Proctocream-HC # (pramoxine/hydrocortisone)	Purinethol (mercaptopurine)
Proctofoam-HC (pramoxine/hydrocortisone)	pyrazinamide
Procto-Kit # (hydrocortisone)	Pyridium (phenazopyridine)
procyclidine	pyridostigmine bromide
Profilnine SD (factor IX complex)	pyridoxine *
progesterone	pyrilamine/phenylephrine – see Table 12, p. 41
Proglycem (diazoxide)	pyrimethamine
Prograf (tacrolimus)	
Prolixin # (fluphenazine)	
Proloprim # (trimethoprim)	
promethazine – see Table 12, p. 41	
promethazine/phenylephrine – see Table 12, p. 41	
Promethegan (promethazine)	Q
Prometrium (progesterone)	quazepam
Pronestyl # (procainamide)	Questran # (cholestyramine)
propafenone	quetiapine
propantheline	Quibron (theophylline/guaifenesin)
Propine # (dipivefrin)	Quibron-T/SR (theophylline)
Proplex T (factor IX complex)	quinacrine
propoxyphene – see Table 8, p. 37	Quinaglute # (quinidine)
propoxyphene napsylate – see Table 8, p. 37	quinapril
propoxyphene napsylate/acetaminophen – see Table 8, p. 37	quinapril/hydrochlorothiazide
propranolol	Quinidex # (quinidine)
propranolol/hydrochlorothiazide	quinidine
propylthiouracil	quinine
Proscar (finasteride)	Quixin (levofloxacin)
Prosed/DS (methenamine/benzoic acid/atropine/hyoscyamine/saldol/methylene blue)	Qvar (beclomethasone)
Prosom # (estazolam)	
Prostigmin (neostigmine)	R
Protonix (pantoprazole) – see Table 3, p. 32	Rabavert (rabies vaccine)
Protopic (tacrolimus)	rabeprazole – PA ; see Table 3, p. 32
protriptyline	rabies immune globulin IM, human – see Table 1, p. 30
Protropin (somatrem) – PA ; see Table 9, p. 38	rabies vaccine
Proctozone-HC # (hydrocortisone)	Radiacare (oxybenzone/pedimate)
Proventil # (albuterol)	raloxifene
Provera # (medroxyprogesterone)	ramipril
Provigil (modafinil)	ranitidine * – see Table 3, p. 32
Prozac # (fluoxetine)	Rapamune (sirolimus)
Prudoxin (doxepin)	Rebetol (ribavirin)
pseudoephedrine *	Rebetron (interferon alfa-2b/ribavirin) – see Table 5, p. 34
Psorcon # (diflorasone)	Rebif (interferon beta-1a) – see Table 5, p. 34
psyllium *	Recombinate (antihemophilic factor, recombinant)

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Regranex (bepacupermin)	rimantadine
Relafen # (nabumetone) – see Table 11, p. 40	rimexolone
Relenza (zanamivir)	risedronate
Remeron (mirtazapine)	Risperdal (risperidone)
Remicade (infliximab) – PA ; see Table 5, p. 34	risperidone
Reminyl (galantamine)	Ritalin # (methylphenidate)
Remular-S # (chlorzoxazone)	ritonavir
Renacidin (magnesium carbonate/citric acid/gluconolactone)	ritonavir/lopinavir
Renagel (sevelamer)	Rituxan (rituximab)
Renese (polythiazide)	rituximab
repaglinide	rivastigmine
Repan # (butalbital/acetaminophen/caffeine)	rizatriptan
Repan-CF # (butalbital/acetaminophen)	RMS (morphine) – see Table 8, p. 37
Requip (ropinirole)	Robaxin # (methocarbamol) – see Table 7, p. 36
Rescriptor (delavirdine)	Robinul # (glycopyrrolate)
Rescula (unoprostone)	Rocaltrol # (calcitriol)
reserpine	Rocephin (ceftriaxone)
RespiGam (respiratory syncytial virus immune globulin IV) – PA ; see Table 1, p. 30	rofecoxib – PA < 60 years ; see Table 11, p. 40
respiratory syncytial virus immune globulin IV – PA ; see Table 1, p. 30	Roferon-A (interferon alfa-2a) – see Table 5, p. 34
Restoril # (temazepam)	ropinirole
Retin-A # (tretinoin) – PA > 25 years ; see Table 10, p. 39	rosiglitazone
Retinol *	Rowasa (mesalamine)
Retrovir (zidovudine)	Roxanol (morphine) – see Table 8, p. 37
Revia # (naltrexone)	Roxanol-T (morphine) – see Table 8, p. 37
Rheumatrex # (methotrexate)	Roxicet # (oxycodone/acetaminophen) – see Table 8, p. 37
Rhinocort (budesonide)	Roxicodone (oxycodone) – see Table 8, p. 37
Rho(D) immune globulin IM – see Table 1, p. 30	Roxiprin (oxycodone/aspirin) – see Table 8, p. 37
Rho(D) immune globulin IM micro-dose – see Table 1, p. 30	Rx-Otic (antipyrine/benzocaine)
Rho(D) immune globulin IV, human – see Table 1, p. 30	Rythmol # (propafenone)
RhoGAM (Rho(D) immune globulin IM) – see Table 1, p. 30	
ribavirin	S
riboflavin *	Saizen (somatropin) – PA ; see Table 9, p. 38
Ridaura (auranofin)	Salagen (pilocarpine)
rifabutin	salicylic acid/sulfur colloidal
Rifadin # (rifampin)	salmeterol
Rifamate (rifampin/isoniazid)	salmeterol/fluticasone
rifampin	salsalate
rifampin/isoniazid	Sal-Tropine (atropine)
Rilutek (riluzole)	Sandimmune # (cyclosporine)
riluzole	Sandoglobulin (immune globulin IV, human) – PA ; see Table 1, p. 30
Rimactane # (rifampin)	Sandostatin (octreotide) – PA
	Sansert (methysergide)
	Santyl (collagenase)
	saquinavir
	Saraferm (fluoxetine)
	sargramostim – PA ; see Table 4, p. 33

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scopolamine	Solu-Cortef # (hydrocortisone)
scopolamine/phenylephrine	Solu-Medrol # (methylprednisolone)
secobarbital	Soma # (carisoprodol) – see Table 7, p. 36
secobarbital/amobarbital	somatrem – PA ; see Table 9, p. 38
Seconal # (secobarbital)	somatropin – PA ; see Table 9, p. 38
Sectral # (acebutolol)	Somnote (chloral hydrate)
selegiline	Sonata (zaleplon)
selenium sulfide *	Sorbitrate # (isosorbide)
Semprex-D (acrivastine/pseudoephedrine) – PA (effective 10/01/02) ; see Table 12, p. 41	Soriatane (acitretin) – see Table 10, p. 39
senna *	sotalol
Sensorcaine # (bupivacaine)	Spectazole (econazole)
Septisol (hexachlorophene)	Spectracef (cefditoren)
Septra # (trimethoprim/sulfamethoxazole)	spironolactone
Serax # (oxazepam)	spironolactone/hydrochlorothiazide
Serentil (mesoridazine)	Sporanox (itraconazole)
Serevent (salmeterol)	SPS # (sodium polystyrene sulfonate)
Seroquel (quetiapine)	SSKI (potassium iodide)
Serostim (somatropin) – PA ; see Table 9, p. 38	Stadol # (butorphanol)
sertraline	stanozolol
Serzone (nefazodone)	Starlix (nateglinide)
sevelamer	Stelazine # (trifluoperazine)
Shohl's Solution (sodium citrate/citric acid)	Stimate (desmopressin)
sibutramine – PA	Stromectol (ivermectin)
Sildec (carbinoxamine/pseudoephedrine)	succimer
sildenafil – PA ; see Table 6, p. 35	sucralfate
Silvadene # (silver sulfadiazine)	Sular (nisoldipine)
silver sulfadiazine	sulconazole
simethicone *	Sulfacet-R (sulfacetamide/sulfur)
simvastatin	sulfacetamide
Sinemet # (carbidopa/levodopa)	sulfacetamide/prednisolone
Sinequan # (doxepin)	sulfacetamide/sulfur
Singulair (montelukast)	sulfadiazine
sirolimus	Sulfamide (sulfacetamide)
Skelaxin (metaxalone) – see Table 7, p. 36	Sulfamylon (mafénide)
Skelid (tiludronate)	sulfanilamide
Slo-Bid # (theophylline)	sulfasalazine
Slo-Phyllin (theophylline)	Sulfatrim # (trimethoprim/sulfamethoxazole)
sodium bicarbonate *	Sulfazine # (sulfasalazine)
sodium chloride solution for inhalation *	sulfinpyrazone
sodium citrate/citric acid	sulfisoxazole
sodium ferric gluconate complex	Sulfoxy (benzoyl peroxide/sulfur) –
sodium fluoride	PA > 25 years
sodium phenylbutyrate	sulindac – see Table 11, p. 40
sodium phosphate	sumatriptan
sodium polystyrene sulfonate	Sumycin # (tetracycline)
Solaraze (diclofenac)	Suprax (cefixime)
Solganal (aurothioglucose)	Surmontil (trimipramine)
	Sustiva (efavirenz)

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Symmetrel # (amantadine)	Terazol (terconazole)
Synagis (palivizumab) – PA	terazosin
Synalar # (fluocinolone)	terbinafine
Synalgos-DC (dihydrocodeine/aspirin/caffeine)	terbutaline
Synarel (nafarelin)	terconazole
Synemol (fluocinolone)	Teslac (testolactone)
Synthroid (levothyroxine)	Tessalon # (benzonatate)
Synvisc (hylian polymers) – PA	Testoderm (testosterone)
Syprine (trientine)	testolactone
testosterone	testosterone
Testred (methyltestosterone)	Tetanus immune globulin IM, human – see Table 1, p. 30
tacrine	tetracycline
tacrolimus	Teveten (eprosartan)
Tagamet # (cimetidine *) – see Table 3, p. 32	Texacort # (hydrocortisone)
Talacen # (pentazocine/acetaminophen)	thalidomide – see Table 5, p. 34
Talwin (pentazocine)	Thalitone (chlorthalidone)
Tambocor (flecainide)	Thalomid (thalidomide) – see Table 5, p. 34
Tamiflu (oseltamivir)	Theo-24 (theophylline)
tamoxifen	Theochron # (theophylline)
tamsulosin	Theo-Dur # (theophylline)
TAO (troleandomycin)	Theolair (theophylline)
Tapazole # (methimazole)	Theolair-SR # (theophylline)
Targretin (bexarotene)	Theolate (theophylline/guaifenesin)
Tarka (trandolapril/verapamil)	theophylline
Tasmar (tolcapone)	theophylline/guaifenesin
Tavist # (clemastine) – see Table 12, p. 41	theophylline/potassium iodide
Taxol # (paclitaxel)	Thera-Flur-N (sodium fluoride)
Taxotere (docetaxel)	Thermazene # (silver sulfadiazine)
tazarotene – PA > 25 years ; see Table 10, p. 39	thiabendazole
Tazicef # (ceftazidime)	thiamine *
Tazidime # (ceftazidime)	thiethylperazine
Tazorac (tazarotene) – PA > 25 years ; see Table 10, p. 39	thioguanine
TBC # (trypsin/balsam peru/castor oil)	Thiola (tiopronin)
tegaserod – PA (effective 10/01/02)	thioridazine
Tegison (etretinate) – see Table 10, p. 39	thiothixene
Tegretol # (carbamazepine)	Thorazine # (chlorpromazine)
telmisartan	Thymoglobulin (antithymocyte globulin, rabbit) – see Table 1, p. 30
temazepam	thyroid
Temodar (temozolomide)	Thyrolar (liotrix)
Temovate # (clobetasol)	Thyrox (levothyroxine)
temozolomide	tiagabine
Tenex # (guanfacine)	Tiazac (diltiazem)
tenofovir	ticarcillin/clavulanate
Tenoretic # (atenolol/chlorthalidone)	TICE BCG (BCG vaccine)
Tenormin # (atenolol)	Ticlid # (ticlopidine)
Tequin (gatifloxacin)	
Terak (oxytetracycline/polymyxin B)	

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ticlopidine	trastuzumab
Tigan # (trimethobenzamide)	Travasol (amino acid & electrolyte IV infusion)
Tikosyn (dofetilide)	Travatan (travoprost)
Tilade (nedocromil)	travoprost
tiludronate	trazodone
Timentin (ticarcillin/clavulanate)	Trelstar Depot (triptorelin) – PA ; see Table 2, p. 31
Timolide (timolol/hydrochlorothiazide)	Trental # (pentoxifylline)
timolol	tretinoin – PA > 25 years ; see Table 10, p. 39
timolol/hydrochlorothiazide	Trexall (methotrexate)
Timoptic # (timolol)	triamicinolone
tiopronin	triamterene/hydrochlorothiazide
tizanidine – see Table 7, p. 36	triazolam
TOBI (tobramycin/sodium chloride)	Tri-Chlor (trichloroacetic acid)
TobraDex (tobramycin/dexamethasone)	trichlormethiazide
tobramycin	trichloroacetic acid
tobramycin/dexamethasone	Tricor # (fenofibrate)
tobramycin/sodium chloride	Tricosal (choline salicylate/magnesium salicylate)
Tobrex # (tobramycin)	trientine
tocainide	triethanolamine
Tofranil # (imipramine)	trifluoperazine
tolazamide	trifluridine
tolbutamide	trihexyphenidyl
tolcapone	Trilafon # (perphenazine)
Tolectin # (tolmetin) – see Table 11, p. 40	Trileptal (oxcarbazepine)
Tolinase # (tolazamide)	Tri-Levlen # (ethinyl estradiol/levonorgestrel)
tolmetin – see Table 11, p. 40	Trilisate (choline salicylate/magnesium salicylate)
tolnaftate *	trimethobenzamide
tolterodine	trimethoprim
Tonocard (tocainide)	trimethoprim/polymyxin B
Topamax (topiramate)	trimethoprim/sulfamethoxazole
Topicort # (desoximetasone)	trimipramine
topiramate	Trimox # (amoxicillin)
Toprol (metoprolol)	Trinalin Repetabs (azatadine/pseudoephedrine) – PA (effective 10/01/02) ; see Table 12, p. 41
Toradol # (ketorolac) – see Table 11, p. 40	Tri-Nasal (triamcinolone)
Torecan (thiethylperazine)	Tri-Norinyl (ethinyl estradiol/norethindrone)
toremifene	tripelennamine – see Table 12, p. 41
torsemide	Triphasol # (ethinyl estradiol/levonorgestrel)
T-Phyl (theophylline)	tripolidine/pseudoephedrine – see Table 12, p. 41
Tracleer (bosentan) – PA	triptorelin – PA ; see Table 2, p. 31
tramadol	Tri-Statin II (nystatin/triamcinolone)
tramadol/acetaminophen	Trivora # (ethinyl estradiol/levonorgestrel)
Trandate # (labetalol)	Trizivir (abacavir/lamivudine/zidovudine)
trandolapril	troleandomycin
trandolapril/verapamil	tropicamide
Transderm-Nitro (nitroglycerin)	Trusopt (dorzolamide)
Transderm-Scop (scopolamine)	trypsin/balsam peru/castor oil
Tranxene T # (clorazepate)	Tuinal (secobarbital/amobarbital)
tranylcypromine	

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Twinrix (hepatitis A, inactivated/hepatitis B, recombinant vaccine)	valproic acid
Tylenol/codeine # (codeine/acetaminophen) – see Table 8, p. 36	valsartan
Tylox # (oxycodone/acetaminophen) – see Table 8, p. 36	valsartan/hydrochlorothiazide
Typhim Vi (typhoid vaccine) typhoid vaccine	Valtrex (valacyclovir)
	Vancenase (beclomethasone)
	Vanceril (beclomethasone)
	Vancocin # (vancomycin)
	Vancoled # (vancomycin)
	vancomycin
	Vanoxide-HC (benzoyl peroxide/hydrocortisone) – PA > 25 years
Ultracet (tramadol/acetaminophen)	Vantin (cefpodoxime)
Utram # (tramadol)	varicella-zoster immune globulin IM, human – see Table 1, p. 30
Utrase (amylase/lipase/protease)	Vascor (bepridil)
Ultravate (halobetasol)	Vaseretic # (enalapril/hydrochlorothiazide)
Unasyn (ampicillin/sulbactam)	Vasocidin # (sulfacetamide/prednisolone)
Uni-Dur (theophylline)	vasopressin
Uniphyll (theophylline)	Vasotec # (enalapril)
Uniretic (moexipril/hydrochlorothiazide)	Veetids # (penicillin V)
Unithroid (levothyroxine)	venlafaxine
Univasc (moexipril)	Venofer (iron sucrose)
unoprostone	Venoglobulin-I (immune globulin IV, human) – PA ; see Table 1, p. 30
urea	Venoglobulin-S (immune globulin IV, human) – PA ; see Table 1, p. 30
urea/sodium propionate/methionine/cystine/inositol	Ventolin # (albuterol)
Urecholine (bethanechol)	Vepesid # (etoposide)
Urex # (methenamine)	verapamil
Urimax (methenamine/hyoscymamine/methylene blue)	Verelan # (verapamil)
Urised (methenamine/benzoic acid/atropine/hyoscymamine/methylene blue)	Vermox # (mebendazole)
Urispas (flavoxate)	Versed # (midazolam)
Urocit-K (potassium citrate)	Vesanoid (tretinoin) – see Table 10, p. 39
Uroquid-Acid No. 2 (methenamine/sodium biphosphate)	Vexol (rimexolone)
URSO (ursodiol)	Viadur (leuprolide) – PA ; see Table 2, p. 31
ursodiol	Viagra (sildenafil) – PA ; see Table 6, p. 35
Usept (methenamine/benzoic acid/atropine/hyoscymamine/phenylsalicylate/methylene blue)	Vibramycin # (doxycycline)
	Vicodin # (hydrocodone/acetaminophen) – see Table 8, p. 37
	vidarabine
Vagifem (estradiol)	Videx (didanosine)
valacyclovir	vinblastine
Valcyte (valganciclovir)	vincristine
valdecoxib – PA < 60 years ; see Table 11, p. 40	vinorelbine
valganciclovir	Viokase (amylase/lipase/protease)
Valisone # (betamethasone)	Vioxx (rofecoxib) – PA < 60 years ; see Table 11, p. 40
valproate	Vira-A (vidarabine)

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Alphabetic List (cont.)

Viracept (nelfinavir)
Viramune (nevirapine)
Viread (tenofovir)
Viroptic # (trifluridine)
Visicol (sodium phosphate)
Vistaril # (hydroxyzine) – see Table 12, p. 41
Vistide (cidofovir)
vitamin A (retinol) *
vitamin B₁ (thiamine) *
vitamin B₂ (riboflavin) *
vitamin B₃ (niacin) *
vitamin B₆ (pyridoxine) *
vitamin B₁₂ (cyanocobalamin) *
vitamin B complex *
vitamin C *
vitamin D *
vitamin D/dihydrotachysterol/ergocalciferol
vitamins, multiple *
vitamins, multiple/minerals *
vitamins, pediatric *
vitamins, prenatal *
Vivactil # (protriptyline)
Vivelle # (estradiol)
Vivelle-Dot (estradiol)
Vivotif Berna Vaccine (typhoid vaccine)
Volmax (albuterol)
Voltaren # (diclofenac) – see Table 11, p. 40
Vosol # (acetic acid)
Vytone (iodoquinol/hydrocortisone)

W

warfarin
water for inhalation *
Welchol (colesevelam)
Wellbutrin # (bupropion)
Westcort # (hydrocortisone)
WinRho SDF (Rho(D) immune globulin IV,
human) – see Table 1, p. 30
Winstrol (stanozolol)
witch hazel *
Wycillin (penicillin G)

X

Xalatan (latanoprost)
Xanax # (alprazolam)
Xeloda (capecitabine)
Xenical (orlistat) – **PA**
Xerac AC (aluminum chloride)
Xopenex (levalbuterol)
Xylocaine # (lidocaine)
Xylocaine-MPF # (lidocaine)

Y

Yasmin (ethinyl estradiol/drospirenone)
yohimbine – **PA**; see Table 6, p. 35
Yodoxin (iodoquinol)

Z

Zaditor (ketotifen)
zaflirlukast
zalcitabine
zaleplon
Zanaflex # (tizanidine) – see Table 7, p. 36
zanamivir
Zantac # (ranitidine *) – see Table 3, p. 32
Zarontin # (ethosuximide)
Zaroxolyn (metolazone)
Zebeta # (bisoprolol)
Zebutal (butalbital/acetaminophen/caffeine)
Zelnorm (tegaserod) – **PA (effective 10/01/02)**
Zemplar (paricalcitol)
Zerit (stavudine)
Zestoretic # (lisinopril/hydrochlorothiazide)
Zestril # (lisinopril)
Ziac # (bisoprolol/hydrochlorothiazide)
Ziagen (abacavir)
zidovudine
zileuton
Zinacef # (cefuroxime)
zinc oxide *
zinc sulfate
Zincate (zinc sulfate)
Ziox (papain/urea/chlorophyllin)
ziprasidone
Zithromax (azithromycin)
Zocor (simvastatin)
Zocort HC (chloroxylenol/pramoxine/
hydrocortisone)
Zofran (ondansetron)

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Alphabetic List (cont.)

Zoladex (goserelin) – **PA**; see Table 2, p. 31
zolmitriptan
Zoloft (sertraline)
zolpidem
Zomig (zolmitriptan)
Zonalon (doxepin)
Zone-A Forte (pramoxine/hydrocortisone)
Zonegran (zonisamide)
zonisamide
Zosyn (piperacillin/tazobactam)
Zoto-HC (chloroxylenol/pramoxine/
hydrocortisone)
Zovia # (ethinyl estradiol/ethynodiol)
Zovirax # (acyclovir)
Zydome (hydrocodone/acetaminophen) – see
Table 8, p. 37
Zyflo (zileuton)
Zyloprim # (allopurinol)
Zyprexa (olanzapine)
**Zyrtec (cetirizine) syrup – PA > 12 years
(except LTC members) (effective 10/01/02);
see Table 12, p. 41**
**Zyrtec (cetirizine) tablets – Limit 31
doses/month (effective 10/01/02); see Table
12, p. 41**
**Zyrtec-D (cetirizine/pseudoephedrine) – Limit 62
doses/month (effective 10/01/02); see Table
12, p. 41**
Zyvox (linezolid)

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

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Therapeutic Class Tables

Table 1 – Immune Globulins

Drug Name†	PA Status	Clinical Notes
cytomegalovirus immune globulin IV, human (CMV-IGIV) – CytoGam‡		<p><i>Rate and Route of Administration:</i></p> <ul style="list-style-type: none"> administer only at rate, route, and concentration indicated for product; too rapid IV administration rate may lead to a precipitous drop in blood pressure, fluid overload, and a possible thrombotic event. Cautious use in patients with history of cardiovascular disease or thrombotic episodes.
hepatitis B immune globulin, human (HBIG) – BayHep B, H-BIG, HyperHep, Nabi-HB		
immune globulin IM, human (IGIM; gamma globulin; IgG) – immune serum globulin USP‡, BayGam		
immune globulin IV, human (IGIV) – Gammimune N, Gammagard S/D, Gammar-P IV, Iveegam EN, Panglobulin, Polygam S/D, Sandoglobulin, Venoglobulin-I, Venoglobulin-S	PA	<p><i>Renal Risk:</i></p> <ul style="list-style-type: none"> IGIV (human) products have been associated with renal dysfunction, acute renal failure and osmotic nephrosis. Risk factors include age > 65 years, pre-existing renal dysfunction, volume depletion, concurrent use of nephrotoxic drugs, diabetes and sepsis. An additional risk appears to be associated with IGIV products containing sucrose as a stabilizer (Panglobulin, Gammar-P) when a total dose $\geq 400\text{mg/kg}$ was given. Note that RespiGam also contains sucrose.
antithymocyte globulin (equine) (ATG equine, LIG) – Atgam		
antithymocyte globulin (rabbit) (ATG rabbit) – Thymoglobulin		
rabies immune globulin IM, human (RIG) – BayRab, Imogam Rabies – HT		
Rho(D) immune globulin IM (Rho(D) IGIM) – BayRho-D Full Dose, Gamulin Rh, HypRho-D, RhoGAM		
Rho(D) immune globulin IM micro-dose (Rho(D) IG Micro-dose) – BayRho-D Mini Dose, HypRho-D Mini-Dose, MICRhoGAM, Mini-Gamulin Rh		
Rho(D) immune globulin IV, human (Rho(D) IGIV) – WinRho SDF		
respiratory syncytial virus immune globulin IV, human (RSV-IGIV) – RespiGam‡	PA	<p><i>Hypersensitivity Reactions:</i></p> <ul style="list-style-type: none"> reportedly rare, however incidence may increase with use of large IM doses or repeated injections of immune globulins.
tetanus immune globulin IM, human (TIG) – BayTet		
varicella-zoster immune globulin IM, human (VZIG) ‡		<p><i>Live Virus Vaccines (measles, mumps, rubella, varicella):</i></p> <ul style="list-style-type: none"> antibodies present in immune globulin preparations may interfere with the immune response of live virus vaccines, especially when large doses of immunoglobulins are given. For many immune globulins, a live virus vaccine should not be administered within 3 months of immune globulin administration; a few immune globulins require an even longer period (5-11 months) before a live virus vaccine should be given; check individual manufacturer's recommendations for each product.

† Brand-name products are capitalized. Generic products are in lowercase.

‡ Product must be obtained through the Massachusetts Public Health Laboratories.

Therapeutic Class Tables (cont.)

Table 2 – Hormones – Gonadotropin-Releasing Hormone Analogs

Drug Name†	PA Status	Clinical Notes
Lupron # (leuprolide)	PA	<i>For PA drugs</i> , one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence. <ul style="list-style-type: none">• breast cancer (advanced) – Zoladex• central precocious puberty – Lupron• endometrial thinning – Zoladex• endometriosis – Lupron, Zoladex• prostatic cancer (advanced) – Lupron, Trelstar, Viadur, Zoladex• prostatic carcinoma (Stage B2-C) – Zoladex• uterine leiomyomata – Lupron
Trelstar Depot (tripotorelin)	PA	
Viadur (leuprolide)	PA	
Zoladex (goserelin)	PA	

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Therapeutic Class Tables (cont.)

Table 3 – Gastrointestinal Drugs – Histamine H₂ Antagonists/Proton Pump Inhibitors

H₂ Antagonists

Drug Name†	PA Status	Clinical Notes
Axid # (nizatidine)		<i>Optimize dosing regimen:</i> • For duodenal or gastric ulcer treatment, administer total daily dose between evening meal and bedtime – ulcer healing is directly proportional to degree of nocturnal acid reduction
Pepcid # (famotidine *)		
Tagamet # (cimetidine *)		
Zantac # (ranitidine *)		<i>Duration of therapy:</i> • duodenal ulcer (DU) – 4 weeks • gastric ulcer (GU) – 8 weeks

Proton Pump Inhibitors (PPIs)

Drug Name†	PA Status	Clinical Notes
AcipHex (rabeprazole)	PA	<i>Optimize dosing regimen:</i> • For maximum efficacy, a PPI must be taken in a fasting state, just before or with breakfast. In general, for patients on PPIs it is not necessary to prescribe other antisecretory agents (e.g., H ₂ antagonists, prostaglandins). If an antisecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the H ₂ antagonist or prostaglandin. PPI's should not be taken on an "as needed" basis.
Nexium (esomeprazole)	PA	
Prevacid (lansoprazole) capsules	PA > 16 years	
Prevacid (lansoprazole) suspension	PA > 16 years (except for LTC members)	
Prilosec (omeprazole)	PA > 16 years (Effective 10/01/02, PA is required for all ages.)	<i>QD dosing versus BID dosing:</i> • QD dosing is adequate for most individuals except for H.pylori treatment (PPI is BID for 1 st two weeks of therapy). For pathological hypersecretory conditions, such as ZE Syndrome, a BID PPI regimen may be needed for high total daily doses. When/if a second dose is prescribed, it should be given just before the evening meal.
Protonix (pantoprazole)		<i>Apparent PPI non-responder:</i> • Careful history should be obtained to ensure appropriate timing of drug administration and no significant drug interactions (see above), before prescribing a second dose or switching to another PPI
		<i>Duration of therapy:</i> • duodenal ulcer (DU) – 4 weeks (QD dosing) • gastric ulcer (GU) – 8 weeks (QD dosing) • H. pylori – 2 weeks (BID dosing) + 2 more weeks if DU using QD dosing and 6 more weeks if GU using QD dosing • acute symptomatic GERD – 4-8 weeks (QD dosing)
		<i>NG Tube Administration:</i> Prevacid (lansoprazole) capsules can be opened and the intact granules mixed with 40 ml. of apple juice and then administered through the NG tube. After administration, flush NG tube with additional apple juice. Prevacid suspension is not recommended for NG tube administration. It is a viscous liquid, and will thicken over time.
		<i>Tablet/Capsule Administration:</i> PPI tablets or the contents of PPI capsules should not be chewed, split, or crushed. For patients who have difficulty swallowing PPI capsules, the capsule can be opened and the intact granules can be sprinkled on applesauce. See specific product information for further information on liquids and foods compatible with capsule contents.

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Therapeutic Class Tables (cont.)

Table 4 – Hematologic Agents – Hematopoietic Agents

Drug Name†	PA Status	Clinical Notes
Colony Stimulating Factors		
Leukine (sargramostim; GM-CSF)	PA	
Neulasta (pegfilgrastim)	PA	
Neupogen (filgrastim; G-CSF)	PA	
Interleukins		
Neumega (oprelvekin; IL-11)	PA	
Recombinant Human Erythropoietin		
Aranesp (darbepoetin alfa)	PA	
Epoegen (epoetin alfa;EPO)	PA	
Procrit (epoetin alfa;EPO)	PA	<p><i>For PA drugs, an FDA-approved indication must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <p><i>Monitoring:</i></p> <ul style="list-style-type: none"> • erythropoietin – evaluate iron status before and during therapy. Transferrin saturation should be at least 20% and serum ferritin at least 100 ng/ml. Most patients will eventually require supplemental iron. • colony stimulating factors (G-CSF, GM-CSF) – certain drugs, such as corticosteroids and lithium may potentiate the myeloproliferative effects of colony stimulating factors; GM-CSF: fluid retention, occasional transient supraventricular arrhythmias and dyspnea may occur – use cautiously in patients with cardiac or pulmonary disease. • oprelvekin – fluid retention will occur - use cautiously in patients with CHF or preexisting fluid collections (eg. ascites, pericardial or pleural effusions).

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Therapeutic Class Tables (cont.)

Table 5 – Immunologic Agents – Immunomodulators

Drug Name†	PA Status	Clinical Notes
Actimmune (interferon gamma-1b)		For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.
Alferon N (interferon alfa-n3, human leukocyte derived)		
Avonex (interferon beta-1a)		
Betaseron (interferon beta-1b)		
Enbrel (etanercept)	PA	<ul style="list-style-type: none"> • AIDS-related Kaposi's sarcoma – Intron A, Roferon-A • Chronic granulomatous disease – Actimmune • CML – Roferon-A • Condylomata acuminata – Alferon N, Intron A • Crohn's disease – Remicaide • Erythema nodosum leprosum – Thalomid • Follicular lymphoma – Intron A • Hairy cell leukemia – Intron A, Roferon-A • Hepatitis B (chronic) – Intron A • Hepatitis C (chronic) – Infergen, Intron A, PEG-Intron, Rebetron • Malignant melanoma – Intron A • Multiple sclerosis – Avonex, Betaseron, Novantrone, Rebif • Osteopetrosis – Actimmune • Psoriatic arthritis – Enbrel • Rheumatoid arthritis, severe – Kineret, Enbrel, Remicaide • Rheumatoid arthritis, juvenile – Enbrel
Infergen (interferon alfacon-1)		
Intron A (interferon alfa-2b; IFN-alpha2; rIFN- α 2; α -2-interferon)		
Kineret (anakinra)	PA	
Novantrone (mitoxantrone)		
PEG-Intron (peginterferon alpha-2b)		
Rebetron (interferon alfa-2b recombinant + ribavirin)		
Rebif (interferon beta-1a)		
Remicade (infliximab)	PA	
Roferon-A (interferon alfa-2a; rIFN-A; IFLrA)		
Thalomid (thalidomide)	S.T.E.P.S. (restricted drug distribution program; only prescribers and pharmacists registered with this program may prescribe and dispense the drug)	<p><i>Alpha interferons Precautions:</i></p> <ul style="list-style-type: none"> • Life-threatening or fatal neuropsychiatric, autoimmune, ischemic and infectious disorders may be caused or aggravated by alpha interferons. Monitor patients closely with periodic clinical and laboratory evaluations. See manufacturers' information for full details.

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Therapeutic Class Tables (cont.)

Table 6 – Impotence Agents

Drug Name†	PA Status	Clinical Notes
Caverject (alprostadil, prostaglandin E ₁ ; PGE ₁)	PA	
Edex (alprostadil, prostaglandin E ₁ ; PGE ₁)	PA	
Muse (alprostadil, prostaglandin E ₁ ; PGE ₁)	PA	
Viagra (sildenafil)	PA	
yohimbine	PA	<ul style="list-style-type: none">• Sildenafil may potentiate the hypotensive effects of nitrates, which in any form, are contraindicated with use of sildenafil.• Sildenafil is metabolized by cytochrome P450 enzymes 3A4 (major route) and 2C9 (minor route); use sildenafil cautiously with 3A4 inhibitors such as ketoconazole, erythromycin or cimetidine.

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Therapeutic Class Tables (cont.)

Table 7 – Muscle Relaxants – Centrally Acting

Drug Name†	PA Status	Clinical Notes
Banflex (orphenadrine)		
diazepam		
Flexeril # (cyclobenzaprine)		
Flexoject (orphenadrine)		
Flexon (orphenadrine)		
Lioresal Intrathecal (baclofen)	PA	
Lioresal # (baclofen)		
Maolate (chlorphenesin)		
Norflex # (orphenadrine)		
Norgesic # (orphenadrine/aspirin/caffeine)		
Parafon Forte DSC # (chlorzoxazone)		
Remular-S # (chlorzoxazone)		
Robaxin # (methocarbamol)		
Skelaxin (metaxalone)		
Soma # (carisoprodol)		
Zanaflex (tizanidine)		<p><i>PA for Lioresal intrathecal:</i> Use for spasticity of spinal cord origin (FDA-approved indication) or, in children for reducing spasticity in cerebral palsy (unlabeled use). Other unlabeled uses will be considered based on current medical evidence.</p> <p><i>Precautions:</i></p> <ul style="list-style-type: none"> • All agents within this class may cause drowsiness and dizziness. Patients should be advised of this and to avoid alcohol and other CNS depressants. • anticholinergic effects – baclofen, cyclobenzaprine, orphenadrine, tizanidine • cyclobenzaprine – structurally related to tricyclic antidepressants (TCAs); consider potential for similar adverse effects and drug interactions as with TCAs • tizanidine – an alpha₂ agonist structurally related to clonidine; may cause hypotension; hepatocellular injury reported - monitor LFTs <p><i>Urine discoloration:</i></p> <ul style="list-style-type: none"> • orange or red-purple: chlorzoxazone • brown, black or green: methocarbamol

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Therapeutic Class Tables (cont.)

Table 8 – Narcotic Agonist Analgesics

Drug Name†	PA Status	Clinical Notes
Diphenylheptanes		
methadone (Dolophine #, Methadose #)		
propoxyphene (Darvon #) propoxyphene napsylate (Darvon N) propoxyphene napsylate/acetaminophen: (Darvocet-N #)		
Phenanthrenes		
codeine codeine/acetaminophen: (Tylenol/codeine #) codeine/aspirin: (Empirin with codeine)		
hydrocodone hydrocodone/acetaminophen: (Anexia #, Hydrocet #, Lorcet #, Lortab #, Maxidone, Norco #, Vicodin #, Zydome) hydrocodone/aspirin: (Lortab ASA)		
hydromorphone (Dilaudid #)		
levorphanol (Levo-Dromoran #)		
morphine injection (Astramorph PF, Duramorph, Infumorph)		
morphine oral immediate release: (MS/L, MSIR, OMS, Roxanol, Roxanol-T) controlled release: (MS Contin #, Oramorph SR)		
extended release: (Avinza)	PA	
sustained release: (Kadian)		
morphine suppositories (MS/S, RMS, Roxanol)		
oxycodone immediate release: (Endocodone, Oxydose, OxyFAST, Oxy IR, Roxicodone) oxycodone/acetaminophen: (Endocet #, Percocet #, Roxicet #, Tylox #) oxycodone/aspirin: (Endodan #, Percodan #, Roxiprin) controlled release: (OxyContin)		
oxymorphone (Numorphan)		
Phenylpiperidines		
fentanyl injection		
fentanyl transdermal system (Duragesic)		
fentanyl transmucosal system (Actiq)	PA	
meperidine (Demerol #)		

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Therapeutic Class Tables (cont.)

Table 9 – Growth Hormones

Drug Name†	PA Status	Clinical Notes
somatrem – Protropin	PA	<p><i>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</i></p> <ul style="list-style-type: none"> • Growth failure in children due to lack of endogenous growth hormone secretion – all products except Serostim • Growth failure in children due to Prader-Willi Syndrome – Genotropin • Growth failure in children associated with chronic renal insufficiency – Nutropin, Nutropin AQ • Short stature associated with Turner Syndrome – Nutropin, Nutropin AQ, Humatropin • Growth hormone deficiency in adults – Genotropin, Humatropin, Nutropin, Nutropin AQ • AIDS wasting or cachexia – Serostim
somatropin – Genotropin Humatropin Norditropin Nutropin, Nutropin AQ Saizen Serostim	PA	<p><i>Contraindications:</i></p> <ul style="list-style-type: none"> • Active malignancy • Growth promotion in children with fused epiphyses

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Therapeutic Class Tables (cont.)

Table 10 – Dermatologic Agents – Retinoids

Drug Name†	PA Status	Clinical Notes
Accutane (isotretinoin; 13-cis-Retinoic Acid)		<i>For PA drugs</i> , one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.
Avita #‡ (tretinoin; trans-Retinoic Acid; Vitamin A Acid)‡	PA > 25 years	<ul style="list-style-type: none"> • Acne vulgaris – Avita, Differin, Retin-A, Tazorac • Kaposi's sarcoma cutaneous lesions – Panretin • Psoriasis (stable) – Tazorac
Differin‡ (adapalene)	PA > 25 years	
Panretin‡ (alitretinoin)	PA	
Retin-A #‡ (tretinoin; trans-Retinoic Acid; Vitamin A Acid)‡	PA > 25 years	
Soriatane (acitretin)		
Tazorac‡ (azarotene)	PA > 25 years	
Tegison (etretinate)		
Vesanoid ^ (tretinoin)		
<p><i>Contraindicated in pregnancy:</i></p> <ul style="list-style-type: none"> • Accutane, Soriatane, Tazorac and Tegison • Accutane – prescribers must comply with the manufacturer's S.M.A.R.T program: System to Manage Accutane Related Teratogenicity (see manufacturer's product information for full details). <p><i>Photosensitivity reactions:</i></p> <ul style="list-style-type: none"> • minimize exposure to ultraviolet light or sunlight • other drugs which may also increase sensitivity to sun: quinolones, sulfonamides, thiazide diuretics, phenothiazines 		

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‡ topical products

^ indicated for acute promyelocytic leukemia

Therapeutic Class Tables (cont.)

Table 11 – Nonsteroidal Anti-inflammatory Drugs

Non-Selective NSAIDS

Drug Name†	PA Status	Clinical Notes
Acetic Acid Derivatives		
Clinoril # (sulindac)		
Indocin # (indomethacin)		
Lodine # (etodolac)		
Relafen # (nabumetone)		
Tolectin # (tolmetin)		
Anthranilic Acid Derivatives		
meclofenamate		
Ponstel (mefenamic acid)	PA	
Enolic Acid Derivatives		
Feldene # (piroxicam)		
Mobic (meloxicam)	PA < 60 years	
Phenylacetic Acid Derivatives		
Arthrotec (diclofenac/misoprostol)	PA < 60 years	
Voltaren # (diclofenac)		
Propionic Acid Derivatives		
Anaprox # (naproxen *)		
Ansaid # (flurbiprofen)		
Daypro # (oxaprozin)		
Motrin # (ibuprofen *)		
Nalfon # (fenoprofen)		
Naprosyn # (naproxen *)		
Orudis # (ketoprofen *)		
Oruvail # (ketoprofen *)		
Toradol # (ketorolac)		
Salicylic Acid Derivative		
Dolobid # (diflunisal)		

COX-2 (Highly Selective) NSAIDS

Drug Name†	PA Status	Clinical Notes
Bextra (valdecoxib)	PA < 60 years	
Celebrex (celecoxib)	PA < 60 years	
Vioxx (rofecoxib)	PA < 60 years	<ul style="list-style-type: none"> Osteoarthritis(OA)/Rheumatoid Arthritis (RA) Dosing: Bextra: OA: 10 mg QD; RA: 10 mg QD Celebrex: OA: 200mg QD or 100mg BID; RA: 100-200 mg BID Vioxx: OA: 12.5-25mg QD; RA: 25mg QD Sulfonamide allergy: Celebrex and Bextra are both sulfonamide derivatives. The labeling for Celebrex states use is contraindicated in sulfonamide-allergic patients. The Bextra labeling does not contain a contraindication or warning. Vioxx, a methylsulfone derivative, is considered safe in patients with sulfonamide allergy. Cardiovascular Risks: Limited published evidence suggests that there may be an increased risk of cardiovascular events in patients taking COX-2 NSAIDS; however, prospective comparative studies +/- low-dose aspirin specifically designed to determine the incidence of significant CV risks are needed to assess this risk.

† Brand-name products are capitalized. Generic products are in lowercase.

This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

Therapeutic Class Tables (cont.)

Table 12 – Antihistamines

First Generation (Non-Selective) Antihistamines

Drug Name ^{†^}	PA Status	Sedative Effect [‡]	Antihistamine Effect [‡]	Anticholinergic Effect [‡]
Alkyamines				
brompheniramine *		1+	3+	2+
Chlor-Trimeton # (chlorpheniramine *)		1+	2+	2+
Polaramine # (dexchlorpheniramine)		1+	3+	2+
Ethanolamines				
Benadryl # (diphenhydramine *)		3+	1+/2+	3+
carbinoxamine		1+	1+/2+	1+
Tavist # (clemastine)		2+	1+/2+	3+
Ethylenediamines				
PBZ # (tripelennamine)		2+	1+/2+	+/-
Phenothiazines				
Phenergan # (promethazine)		3+	3+	3+
Piperazines				
Atarax # (hydroxyzine)		3+	2+/3+	2+
Vistaril # (hydroxyzine)		3+	2+/3+	2+
Piperidines				
Optimine (azatadine)	PA (effective 10/01/02)	2+	2+	2+
Periactin # (cyproheptadine)		1+	2+	2+
Trinalin Repetabs (azatadine/pseudoephedrine)	PA (effective 10/01/02)	2+	2+	2+

Second Generation (Peripherally Selective) Antihistamines

Drug Name ^{†^}	PA Status	Sedative Effect [‡]	Antihistamine Effect [‡]	Anticholinergic Effect [‡]
Alkyamine				
Semprex-D (acrivastine/pseudoephedrine)	PA (effective 10/01/02)	+/-	2+/3+	+/-
Phthalazinone				
Astelin (azelastine)		+/-	2+/3+	+/-
Piperazines				
Zyrtec (cetirizine)	Limit 31 doses/month (effective 10/01/02)	+/-	2+/3+	+/-
Zyrtec-D (cetirizine/pseudoephedrine)	Limit 62 doses/month (effective 10/01/02)			
Piperidines				
Allegra (fexofenadine)	PA (effective 10/01/02)	+/-	2+/3+	+/-
Allegra-D (fexofenadine/pseudoephedrine)	PA (effective 10/01/02)			
Clarinex (desloratadine)	Limit 31 doses/month (effective 10/01/02)	+/-	3+	+/-
Claritin (loratadine)	PA (effective 10/01/02)	+/-	2+/3+	+/-
Claritin-D (loratadine/pseudoephedrine)	PA (effective 10/01/02)			

[†] Brand name products are capitalized. Generic products are in lowercase.

[^] Combinations of antihistamines and decongestants (for example, brompheniramine/pseudoephedrine) are payable under MassHealth, but are not listed in the antihistamine table unless PA is required for the combination.

[#] This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

^{*} The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

[‡] low to none = +/-; low = 1+; moderate = 2+; high = 3+ (Note: Pseudoephedrine, a sympathomimetic which may cause mild CNS stimulation, may lessen the sedative effect of antihistamines. Occasionally however, pseudoephedrine may also cause drowsiness. The antihistaminic and anticholinergic effects of antihistamines are not likely to be affected by the addition of pseudoephedrine.)



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
100 Century Drive
Worcester, MA 01606
Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Antihistamine Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

In addition to any brand-name multiple-source antihistamine that has an FDA "A"-rated generic equivalent as identified by the *Approved Drug Products with Therapeutic Equivalence Evaluations* (also called the "Orange Book"), PA is required for:

- Allegra
- Claritin
- Optimine
- Trinalin Repetabs
- Allegra-D
- Claritin-D
- Semprex-D
- Zyrtec syrup for members older than 12 years (except for LTC members)

Note: PA is not needed for Astelin nasal spray, Clarinex (limit 31 doses/month), Zyrtec (limit 31 doses/month), Zyrtec-D (limit 62 doses/month), and FDA "A"-rated generic antihistamines. Additional information about antihistamines can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <input type="checkbox"/> f <input type="checkbox"/> m
Member's place of residence	<input type="checkbox"/> home		<input type="checkbox"/> nursing facility		

Medication information

Please complete section 1 below or section 2 on back depending on drug requested.

1. Second-generation antihistamine request <input type="checkbox"/> Allegra (fexofenadine) <input type="checkbox"/> Allegra-D (fexofenadine/pseudoephedrine) <input type="checkbox"/> Claritin (loratadine) tablets or Reditabs <input type="checkbox"/> Claritin-D (loratadine/pseudoephedrine) <input type="checkbox"/> Semprex-D (acrivastine/pseudoephedrine) <input type="checkbox"/> Zyrtec (cetirizine) syrup	Dose, frequency, and duration of requested drug	Drug NDC (if known)
	If syrup request is for a member older than 12 years, explain why the member can't take capsules or tablets. Note: For members in long-term-care facilities, PA is not necessary for syrup. <hr/>	
Indication for second generation antihistamine requested (Check one) <input type="checkbox"/> Allergic rhinitis <input type="checkbox"/> Chronic idiopathic urticaria <input type="checkbox"/> Other, specify _____		
Has member tried Clarinex and Zyrtec? <input type="checkbox"/> Yes.	Dates of Clarinex use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ <hr/>	
	Dates of Zyrtec use	Dose and frequency
	Did member experience any of the following? <input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ <hr/>	
<input type="checkbox"/> No. Explain why not. _____ <hr/>		

Medication information continued

2. First-generation antihistamine request		Dose, frequency, and duration	Drug NDC (if known)												
<input type="checkbox"/> Optimine <input type="checkbox"/> Trinalin Repetabs <input type="checkbox"/> Other brand-name antihistamine (specify) _____		Diagnosis pertinent to requested medication													
Has member tried two generic first-generation antihistamines from two different antihistamine subclassifications (see listing below)?															
<input type="checkbox"/> Yes. Complete boxes A and B below. (Generic antihistamine product courses).		<input type="checkbox"/> No. Explain why not. _____													
Generic antihistamine product courses															
A. Drug name		B. Drug name													
Dates of generic use	Dose and frequency	Dates of generic use	Dose and frequency												
Did member experience any of the following?		Did member experience any of the following?													
<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____		<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other Details of adverse reaction, inadequate response, or other _____ _____													
Antihistamine Chemical Subclassifications <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Alkylamines</td> <td style="width: 25%;">Ethanolamines</td> <td style="width: 25%;">Ethylenediamines</td> <td style="width: 25%;">Piperazines</td> </tr> <tr> <td> <ul style="list-style-type: none"> <input type="radio"/> brompheniramine <input type="radio"/> chlorpheniramine <input type="radio"/> dexchlorpheniramine </td> <td> <ul style="list-style-type: none"> <input type="radio"/> clemastine <input type="radio"/> diphenhydramine </td> <td> <ul style="list-style-type: none"> <input type="radio"/> tripelennamine </td> <td> <ul style="list-style-type: none"> <input type="radio"/> hydroxyzine </td> </tr> <tr> <td></td> <td></td> <td> <ul style="list-style-type: none"> <input type="radio"/> promethazine </td> <td> <ul style="list-style-type: none"> <input type="radio"/> piperidines <input type="radio"/> cyproheptadine </td> </tr> </table>				Alkylamines	Ethanolamines	Ethylenediamines	Piperazines	<ul style="list-style-type: none"> <input type="radio"/> brompheniramine <input type="radio"/> chlorpheniramine <input type="radio"/> dexchlorpheniramine 	<ul style="list-style-type: none"> <input type="radio"/> clemastine <input type="radio"/> diphenhydramine 	<ul style="list-style-type: none"> <input type="radio"/> tripelennamine 	<ul style="list-style-type: none"> <input type="radio"/> hydroxyzine 			<ul style="list-style-type: none"> <input type="radio"/> promethazine 	<ul style="list-style-type: none"> <input type="radio"/> piperidines <input type="radio"/> cyproheptadine
Alkylamines	Ethanolamines	Ethylenediamines	Piperazines												
<ul style="list-style-type: none"> <input type="radio"/> brompheniramine <input type="radio"/> chlorpheniramine <input type="radio"/> dexchlorpheniramine 	<ul style="list-style-type: none"> <input type="radio"/> clemastine <input type="radio"/> diphenhydramine 	<ul style="list-style-type: none"> <input type="radio"/> tripelennamine 	<ul style="list-style-type: none"> <input type="radio"/> hydroxyzine 												
		<ul style="list-style-type: none"> <input type="radio"/> promethazine 	<ul style="list-style-type: none"> <input type="radio"/> piperidines <input type="radio"/> cyproheptadine 												

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address		City		State Zip
E-mail Address		Telephone ()		Fax ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
100 Century Drive
Worcester, MA 01606
Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Bextra, Celebrex, Vioxx, Mobic, and Arthrotec. In addition, PA is required for Ponstel (single-source brand-name NSAID) and any brand-name multiple-source NSAID that has an FDA "A"-rated generic equivalent as identified by the *Approved Drug Products with Therapeutic Equivalence Evaluations* (also called the "Orange Book"). Additional information about nonsteroidal use can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <input checked="" type="checkbox"/> f <input type="checkbox"/> m
Member's place of residence	<input type="checkbox"/> home		<input type="checkbox"/> nursing facility		

Medication information

Please complete section 1 below **or** section 2 on back, depending on the drug requested.

1. Cox-2 Inhibitor/Arthrotec request <input type="checkbox"/> Arthrotec (misoprostol/diclofenac) <input type="checkbox"/> Celebrex (celecoxib) <input type="checkbox"/> Bextra (valdecoxib) <input type="checkbox"/> Mobic (meloxicam) <input type="checkbox"/> Vioxx (rofecoxib)	Dose, frequency, and duration of requested drug		Drug NDC (if known)				
	Is member under 60 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Indications (Check one.) <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Primary dysmenorrhea <input type="checkbox"/> Familial adenomatous polyposis (celecoxib only: FDA-approved) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Acute pain <input type="checkbox"/> Other, specify _____							
Is member at risk for a clinically significant gastrointestinal event, as defined by one of the following?							
<input type="checkbox"/> Yes (Check one.)	<input type="radio"/> Previous history: <input type="checkbox"/> Major GI bleed <input type="checkbox"/> Perforation <input type="checkbox"/> Obstruction	Dates _____					
	<input type="radio"/> Previous history of a peptic ulcer documented by endoscopy or radiograph	Dates _____					
<input type="checkbox"/> Concomitant therapy with any of the following (Check one.)	<table border="0"><tr><td><input type="radio"/> Aspirin</td><td><input type="radio"/> Oral corticosteroid: dose, frequency, and duration _____</td><td><input type="radio"/> Warfarin: dose, frequency, and duration _____</td></tr></table>				<input type="radio"/> Aspirin	<input type="radio"/> Oral corticosteroid: dose, frequency, and duration _____	<input type="radio"/> Warfarin: dose, frequency, and duration _____
<input type="radio"/> Aspirin	<input type="radio"/> Oral corticosteroid: dose, frequency, and duration _____	<input type="radio"/> Warfarin: dose, frequency, and duration _____					
<input type="checkbox"/> No. Has member tried two generic NSAID products?	<table border="0"><tr><td><input type="radio"/> Yes. Complete boxes 3A and 3B on back (Generic NSAID product courses).</td><td><input type="radio"/> No. Explain why not. _____</td></tr></table>				<input type="radio"/> Yes. Complete boxes 3A and 3B on back (Generic NSAID product courses).	<input type="radio"/> No. Explain why not. _____	
<input type="radio"/> Yes. Complete boxes 3A and 3B on back (Generic NSAID product courses).	<input type="radio"/> No. Explain why not. _____						

Medication information continued

2. Brand-name multiple-source NSAID or Ponstel request

Dose, frequency, and duration of requested drug

Drug NDC (if known)

Diagnosis pertinent to requested medication

Has member tried two generic products?

 Yes. Complete boxes 3A and 3B below
(Generic NSAID product courses). No. Explain why not.

3. Generic NSAID product courses

A. Drug name

Dates of generic use

Dose and frequency

Did member experience any of the following?

 Adverse reaction Inadequate response Other

Details of adverse reaction, inadequate response, or other

B. Drug name

Dates of generic use

Dose and frequency

Did member experience any of the following?

 Adverse reaction Inadequate response Other

Details of adverse reaction, inadequate response, or other

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail Address		Telephone ()	Fax ()	

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision Approved Pended Denied

Comments/reasons for pended or denied decision



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
100 Century Drive
Worcester, MA 01606
Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Proton Pump Inhibitor Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Aciphex, Nexium, and Prilosec. PA is required for Prevacid for members older than 16 years (except for use of Prevacid suspension for members in long-term-care facilities). Protonix does not require PA. Additional information about PPI use can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <input type="checkbox"/> f <input type="checkbox"/> m
Member's place of residence	<input type="checkbox"/> home	<input type="checkbox"/> nursing facility			

Indication for proton pump inhibitor

GERD

- Moderate-severe erosive esophagitis
- Uncomplicated non-erosive esophagitis
 - Has an H₂ antagonist previously been tried?
 - Yes. State drug name, dose, frequency, and duration.

 - No. Explain why not.

- Barrett's esophagus or esophageal strictures
- GERD in child with one of the following conditions:

- Severe chronic respiratory disease (specify)

- Neurologic disability (specify)

- Other (specify)

Condition associated with extraesophageal symptoms secondary to gastric reflux

- Non-cardiac chest pain
- Asthma
- Idiopathic hoarseness
- Chronic laryngitis
- Other (explain)

Other (explain)

Duodenal Ulcer

- Helicobacter pylori:

- Positive

- Negative

- Drug-induced:

- Treatment: List causative agent(s)

- Prevention: List risk factor(s)

- Other cause (specify):

Non-ulcer or functional dyspepsia

- Has an H₂ antagonist previously been tried?

- Yes. State drug name, dose, frequency, and duration.

- No. Explain why not.

Pathological hypersecretory syndromes

- Zollinger-Ellison syndrome
- MEN Type I
- Other _____

Diagnostic studies performed (include dates of studies)

Medication information

Important note: For maximum efficacy, a proton pump inhibitor (PPI) must be taken in a fasting state, just before or with breakfast. If a second dose is necessary, the second dose should be given just before the evening meal. In general, it is not necessary to prescribe other antisecretory agents (H_2 antagonists, prostaglandins) for patients on PPIs. If an antisecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the antisecretory agent.

PPI requested	Dose, frequency, and duration of PPI	Drug NDC (if known)
Has member tried Protonix? (Note: Protonix does not require prior authorization.)		
<input type="checkbox"/> Yes. Provide the following information about the use of Protonix.		<input type="checkbox"/> No. Explain why not.
Dates of use	Dose and frequency	
If member received Protonix, why was it discontinued? (Check one.)		
<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other		
Details of adverse reaction, inadequate response, or other		

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #	
Address			City	State	Zip
E-mail Address			Telephone ()	Fax ()	

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision Approved Pended Denied

Comments/reasons for pended or denied decision



Commonwealth of Massachusetts

MassHealth Drug Utilization Review Program

100 Century Drive
Worcester, MA 01606

Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Tracleer (bosentan) Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Tracleer. Additional information about the MassHealth Drug List can be found at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <input type="checkbox"/> f <input type="checkbox"/> m
Member's place of residence	<input type="checkbox"/> home <input type="checkbox"/> nursing facility				

Medication information

Drug NDC # (if known)	6 a. Is patient of childbearing potential? <input type="checkbox"/> Yes, but pregnancy excluded <input type="radio"/> Negative pregnancy test (date _____) during first five days of normal menstrual period and > 11 days after last unprotected sexual intercourse <input type="radio"/> Other, explain _____ <input type="checkbox"/> No <input type="radio"/> Male <input type="radio"/> Female > 55 <input type="radio"/> Female < 55 <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Infertile <input type="checkbox"/> Not sexually active <input type="checkbox"/> Other _____										
1. What is the indication for bosentan?	6 b. Is patient on reliable contraception? <input type="checkbox"/> Yes <input type="checkbox"/> No										
<input type="checkbox"/> Primary pulmonary arterial hypertension (PAH) <input type="checkbox"/> Secondary PAH <input type="radio"/> Connective tissue disease <input type="radio"/> Congenital heart defect <input type="radio"/> Other, specify _____											
2. What is the disease severity (functional class)?											
<input type="checkbox"/> NYHA Class I <input type="checkbox"/> NYHA Class III <input type="checkbox"/> NYHA Class II <input type="checkbox"/> NYHA Class IV											
3. Are there any contraindications to therapy?											
<input type="checkbox"/> Yes <input type="radio"/> Allergic to bosentan <input type="radio"/> Concurrent glyburide <input type="radio"/> Concurrent cyclosporine A <input type="radio"/> Moderate or severe liver abnormality (e.g., AST or ALT > 3 x ULN) <input type="radio"/> Pregnancy <input type="checkbox"/> No											
4. Liver aminotransferases < 3 x UNL											
<input type="checkbox"/> Yes. Indicate test results: <table border="1"><tr><td>Baseline (date)</td><td>Most recent (date)</td></tr><tr><td>ALT result</td><td></td></tr><tr><td>AST result</td><td></td></tr></table>	Baseline (date)	Most recent (date)	ALT result		AST result		7. Is prescribed dose within guidelines? <input type="checkbox"/> Yes <input type="radio"/> Initial dose 62.5 mg BID <input type="radio"/> Maintenance dose 125 mg BID <input type="checkbox"/> No. Dose and rationale _____ 8. Has the adverse effect profile been explained to patient in detail, including liver and pregnancy warnings? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____				
Baseline (date)	Most recent (date)										
ALT result											
AST result											
5. On concurrent Flolan (epoprostenol) or Remodulin (treprostinil)? <input type="checkbox"/> Yes, which drug _____ <input type="checkbox"/> No											

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail Address			Telephone ()	Fax ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision Approved Pended Denied

Comments/reasons for pended or denied decision



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
100 Century Drive
Worcester, MA 01606
Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Brand-Name Drug Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

Prescribers must obtain PA from the Division for any brand-name multiple-source drug that has an FDA "A"-rated generic equivalent as identified by the *Approved Drug Products with Therapeutic Equivalence Evaluations* (also called the "Orange Book"). Additional information about which drugs require PA can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <input type="checkbox"/> f <input type="checkbox"/> m
Member's place of residence	<input type="checkbox"/> home		<input type="checkbox"/> nursing facility		

Medication information

Brand-name drug request	Dose, frequency, and duration of brand-name drug	Drug NDC (if known)
Diagnosis pertinent to requested medication		
Has member tried a generic product?		
<input type="checkbox"/> Yes. Provide the following information.		
Drug name		
Dates of generic use	Dose and frequency	
Did member experience any of the following?		
<input type="checkbox"/> Adverse reaction <input type="checkbox"/> Inadequate response <input type="checkbox"/> Other		
Details of adverse reaction, inadequate response, or other		

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address		City		State Zip
E-mail Address		Telephone ()		Fax ()

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision Approved Pended Denied

Comments/reasons for pended or denied decision _____



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
100 Century Drive
Worcester, MA 01606
Fax: 1-877-208-7428 **Phone:** 1-800-745-7318

Drug Prior Authorization Request

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

Information about which drugs require PA can be found within the MassHealth Drug List at www.mass.gov/dma.

Member information

Last name	First name	MI	MassHealth member ID #	Date of birth	Sex (Circle one.) <input type="checkbox"/> f <input type="checkbox"/> m
Member's place of residence	<input type="checkbox"/> home		<input type="checkbox"/> nursing facility		

Medication information

Drug name requested	Dose, frequency, and duration	Drug NDC (if known) or service code
Explain medical necessity of requested drug		

(This section contains five horizontal lines for writing.)

Diagnostic studies performed (include dates of studies)

Pharmacy information

Name	Pharmacy provider no.	Telephone ()	Fax ()
Address		City	State Zip

Prescriber information

Last name	First name	MI	MassHealth provider no.	DEA #
Address		City		State Zip
E-mail Address		Telephone ()	Fax ()	

Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date

DUR program use only

Reviewer's decision Approved Pended Denied

Comments/reasons for pended or denied decision _____



The MassHealth Drug List is updated monthly, as needed.
Check our Web site for the most up-to-date information.

www.mass.gov/dma/providers